National Electronic Data Interchange Transaction Set Implementation Guide

Health Care Service Data Reporting

837

ASC X12N 837 (004040X156)

June 2001 • Rough Draft 1

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IMPLEMENTATION

837 Health Care Claim: Reporting

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
10	0050	ST	Transaction Set Header	R	1	
11	0100	BHT	Beginning of Hierarchical Transaction	R	1	
14	0150	REF	Transmission Type Identification	R	1	
			LOOP ID - 1000A SUBMITTER NAME			1
16	0200	NM1	Submitter Name	R	1	
			LOOP ID - 1000B RECEIVER NAME			1
18	0200	NM1	Receiver Name	R	1	

Table 2 - Billing/Pay-To Provider Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A SERVICE PROVIDER HIERARCHICAL LEVEL			>1
20	0010	HL	Service Provider Hierarchical Level	R	1	
			LOOP ID - 2010AA BILLING PROVIDER NAME			1
22	0150	NM1	Service Provider Name	R	1	
25	0350	REF	Service Provider Secondary Identification	S	8	

Table 2 - Subscriber Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL			>1
28	0010	HL	Subscriber Hierarchical Level	R	1	
30	0050	SBR	Subscriber Information	R	1	
34	0070	PAT	Patient Information	S	1	
			LOOP ID - 2010BA SUBSCRIBER NAME			1
36	0150	NM1	Subscriber Name	R	1	
40	0250	N3	Subscriber Address	S	1	
41	0300	N4	Subscriber City/State/ZIP Code	S	1	
43	0320	DMG	Subscriber Demographic Information	S	1	
45	0350	REF	Subscriber Secondary Identification	S	4	
			LOOP ID - 2010BC PAYER NAME			1
47	0150	NM1	Payer Name	R	1	
49	0350	REF	Payer Secondary Identification	S	3	

Table 2 - Patient Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL			**>1**
51	0010	HL	Patient Hierarchical Level	S	1	
53	0070	PAT	Patient Information	R	1	
			LOOP ID - 2010CA PATIENT NAME			**1**
55	0150	NM1	Patient Name	R	1	
58	0250	N3	Patient Address	R	1	
59	0300	N4	Patient City/State/ZIP Code	R	1	
61	0320	DMG	Patient Demographic Information	R	1	
63	0350	REF	Patient Secondary Identification Number	S	5	
			LOOP ID - 2300 CLAIM INFORMATION			**100**
65	1300	CLM	Claim information	R	1	
69	1350	DTP	Discharge Hour	S	1	
71	1350	DTP	Statement Dates	R	1	
73	1350	DTP	Admission Date/Hour	S	1	
75	1400	CL1	Institutional Claim Code	S	1	
77	1550	PWK	Claim Supplemental Information	S	10	
80	1750	AMT	Payer Estimated Amount Due	S	1	
82	1750	AMT	Patient Estimated Amount Due	S	1	
84	1800	REF	Medical Record Number	S	1	
86	1800	REF	Mother's Medical Record Number for Newborns	S	1	
87	1850	K3	File Information	S	10	
88	1900	NTE	Claim Note	S	10	
90	2310	HI	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	R	1	
93	2310	HI	Other Diagnosis Information	S	2	
103	2310	HI	Principal Procedure Information	S	1	
105	2310	HI	Other Procedure Information	S	2	
118	2310	HI	Occurrence Span Information	S	2	
129	2310	HI	Occurrence Information	S	2	
	2310	HI	Value Information	S	2	
	2310	HI	Condition Information	S	2	
	2400	QTY	Claim Quantity	S	4	
			LOOP ID - 2310A ATTENDING PHYSICIAN NAME			**1**
	2500	NM1	Attending Physician Name	S	1	
	2710	REF	Attending Physician Secondary Identification	S	5	
			LOOP ID - 2310B OPERATING PHYSICIAN NAME			**1**
	2500	NM1	Operating Physician Name	S	1	
	2710	REF	Operating Physician Secondary Identification	S	5	
			LOOP ID - 2310C OTHER PROVIDER NAME			**1**
	2500	NM1	Other Provider Name	S	1	
	2710	REF	Other Provider Secondary Identification	S	5	
			LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION			**10**
	2900	SBR	Other Subscriber Information	S	1	
	3150	~~MIA~~	~~Medicare Inpatient Adjudication Information~~	S	1	
			LOOP ID - 2330A OTHER SUBSCRIBER NAME			**1**
	3250	NM1	Other Subscriber Name	R	1	
	3550	REF	Other Subscriber Secondary Information	S	3	
			LOOP ID - 2330B OTHER PAYER NAME			**1**
	3250	NM1	Other Payer Name	R	1	
	3550	REF	Other Payer Secondary Identification and Reference Number	S	2	

			LOOP ID - 2400 SERVICE LINE NUMBER			999
	3650	LX	Service Line Number	R	1	
	3750	SV2	Institutional Service Line	R	1	
	5550	SE	Transaction Set Trailer	R	1	

STANDARD

837 Health Care Claim

Functional Group ID: HC

This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment.

For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
0050	ST	Transaction Set Header	M	1	
0100	BHT	Beginning of Hierarchical Transaction	M	1	
0150	REF	Reference Identification	O	3	
		LOOP ID - 1000			10
0200	NM1	Individual or Organizational Name	O	1	
0250	N2	Additional Name Information	O	2	
0300	N3	Address Information	O	2	
0350	N4	Geographic Location	O	1	
0400	REF	Reference Identification	O	2	
0450	PER	Administrative Communications Contact	O	2	

Table 2 - Detail

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - 2000			>1
0010	HL	Hierarchical Level	M	1	
0030	PRV	Provider Information	O	1	
0050	SBR	Subscriber Information	O	1	
0070	PAT	Patient Information	O	1	
0090	DTP	Date or Time or Period	O	5	
0100	CUR	Currency	O	1	
		LOOP ID - 2010			10
0150	NM1	Individual or Organizational Name	O	1	
0200	N2	Additional Name Information	O	2	

0250	N3	Address Information	O	2	
0300	N4	Geographic Location	O	1	
0320	DMG	Demographic Information	O	1	
0350	REF	Reference Identification	O	20	
0400	PER	Administrative Communications Contact	O	2	
		LOOP ID - 2300			**100**
1300	CLM	Health Claim	O	1	
1350	DTP	Date or Time or Period	O	150	
1400	CL1	Claim Codes	O	1	
1450	DN1	Orthodontic Information	O	1	
1500	DN2	Tooth Summary	O	35	
1550	PWK	Paperwork	O	10	
1600	CN1	Contract Information	O	1	
1650	DSB	Disability Information	O	1	
1700	UR	Peer Review Organization or Utilization Review	O	1	
1750	AMT	Monetary Amount	O	40	
1800	REF	Reference Identification	O	30	
1850	K3	File Information	O	10	
1900	NTE	Note/Special Instruction	O	20	
1950	CR1	Ambulance Certification	O	1	
2000	CR2	Chiropractic Certification	O	1	
2050	CR3	Durable Medical Equipment Certification	O	1	
2100	CR4	Enteral or Parenteral Therapy Certification	O	3	
2150	CR5	Oxygen Therapy Certification	O	1	
2160	CR6	Home Health Care Certification	O	1	
2190	CR8	Pacemaker Certification	O	9	
2200	CRC	Conditions Indicator	O	100	
2310	HI	Health Care Information Codes	O	25	
2400	QTY	Quantity	O	10	
2410	HCP	Health Care Pricing	O	1	
		LOOP ID - 2305			**6**
2420	CR7	Home Health Treatment Plan Certification	O	1	
2430	HSD	Health Care Services Delivery	O	12	
		LOOP ID - 2310			**9**
2500	NM1	Individual or Organizational Name	O	1	
2550	PRV	Provider Information	O	1	
2600	N2	Additional Name Information	O	2	
2650	N3	Address Information	O	2	
2700	N4	Geographic Location	O	1	
2710	REF	Reference Identification	O	20	
2750	PER	Administrative Communications Contact	O	2	
		LOOP ID - 2320			**10**
2900	SBR	Subscriber Information	O	1	
2950	CAS	Claims Adjustment	O	99	
3000	AMT	Monetary Amount	O	15	
3050	DMG	Demographic Information	O	1	
3100	OI	Other Health Insurance Information	O	1	
3150	MIA	Medicare Inpatient Adjudication	O	1	
3200	MOA	Medicare Outpatient Adjudication	O	1	
		LOOP ID - 2330			**10**
3250	NM1	Individual or Organizational Name	O	1	
3300	N2	Additional Name Information	O	2	
3320	N3	Address Information	O	2	
3400	N4	Geographic Location	O	1	
3450	PER	Administrative Communications Contact	O	2	

3500	DTP	Date or Time or Period	O	9	
3550	REF	Reference Identification	O	>1	
		LOOP ID - 2400			>1
3650	LX	Assigned Number	O	1	
3700	SV1	Professional Service	O	1	
3750	SV2	Institutional Service	O	1	
3800	SV3	Dental Service	O	1	
3820	TOO	Tooth Identification	O	32	
3850	SV4	Drug Service	O	1	
4000	SV5	Durable Medical Equipment Service	O	1	
4050	SV6	Anesthesia Service	O	1	
4100	SV7	Drug Adjudication	O	1	
4150	HI	Health Care Information Codes	O	25	
4200	PWK	Paperwork	O	10	
4250	CR1	Ambulance Certification	O	1	
4300	CR2	Chiropractic Certification	O	5	
4350	CR3	Durable Medical Equipment Certification	O	1	
4400	CR4	Enteral or Parenteral Therapy Certification	O	3	
4450	CR5	Oxygen Therapy Certification	O	1	
4500	CRC	Conditions Indicator	O	3	
4550	DTP	Date or Time or Period	O	15	
4600	QTY	Quantity	O	5	
4620	MEA	Measurements	O	20	
4650	CN1	Contract Information	O	1	
4700	REF	Reference Identification	O	30	
4750	AMT	Monetary Amount	O	15	
4800	K3	File Information	O	10	
4850	NTE	Note/Special Instruction	O	10	
4880	PS1	Purchase Service	O	1	
4900	IMM	Immunization Status Code	O	>1	
4910	HSD	Health Care Services Delivery	O	1	
4920	HCP	Health Care Pricing	O	1	
		LOOP ID - 2410			>1
4930	LIN	Item Identification	O	1	
4940	CTP	Pricing Information	O	1	
4950	REF	Reference Identification	O	1	
		LOOP ID - 2420			10
5000	NM1	Individual or Organizational Name	O	1	
5050	PRV	Provider Information	O	1	
5100	N2	Additional Name Information	O	2	
5140	N3	Address Information	O	2	
5200	N4	Geographic Location	O	1	
5250	REF	Reference Identification	O	20	
5300	PER	Administrative Communications Contact	O	2	
		LOOP ID - 2430			>1
5400	SVD	Service Line Adjudication	O	1	
5450	CAS	Claims Adjustment	O	99	
5500	DTP	Date or Time or Period	O	9	
		LOOP ID - 2440			1
5510	LQ	Industry Code	O	1	
5520	FRM	Supporting Documentation	M	99	
5550	SE	Transaction Set Trailer	M	1	

NOTES:

1/0200 Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.

2/0150 Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

2/1950 The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.

2/2500 Loop 2310 contains information about the rendering, referring, or attending provider.

2/2900 Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.

2/3250 Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.

2/3650 Loop 2400 contains Service Line information.

2/4250 The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.

2/4930 Loop 2410 contains compound drug components, quantities and prices.

2/5000 Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.

2/5400 SVD01 identifies the payer which adjudicated the corresponding service line and must match DE 67 in the NM109 position 325 for the payer.

2/5510 Loop 2440 provides certificate of medical necessity information for the procedure identified in SV101 in position 2/3700.

2/5520 FRM segment provides question numbers and responses for the questions on the medical necessity information form identified in LQ position 551.

IMPLEMENTATION

TRANSACTION SET HEADER

Usage: **REQUIRED**

Repeat: **1**

Example: **ST*837*987654~**

STANDARD

ST Transaction Set Header

Level: Header

Position: 0050

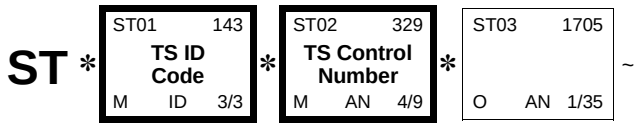
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the start of a transaction set and to assign a control number

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**ST01**	**143**	**Transaction Set Identifier Code** Code uniquely identifying a Transaction Set SEMANTIC: The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set). CODE / DEFINITION **837** **Health Care Claim** **REQUIRED**	**M ID 3/3**
REQUIRED	**ST02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **The Transaction Set Control Number in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Submitters could be sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.**	**M AN 4/9**
NOT USED	**ST03**	**1705**	**Implementation Convention Reference**	**O AN 1/35**

IMPLEMENTATION

BEGINNING OF HIERARCHICAL TRANSACTION

Usage: **REQUIRED**

Repeat: **1**

Notes:
1. **BHT03 is the file sequence and serial number - UB cross reference 01017.**
2. **BHT04 is the Processing Date - UB cross reference 01020.**

Example: **BHT*0019*00*0123*19960618*0932*RP~**

STANDARD

BHT Beginning of Hierarchical Transaction

Level: Header

Position: 0100

Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

DIAGRAM

BHT * BHT01 1005 **Hierarch Struct Code** M ID 4/4 * BHT02 353 **TS Purpose Code** M ID 2/2 * BHT03 127 **Reference Ident** O AN 1/50 * BHT04 373 **Date** O DT 8/8 * BHT05 337 **Time** O TM 4/8 * BHT06 640 **Transaction Type Code** O ID 2/2 ~

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**BHT01**	**1005**	**Hierarchical Structure Code** Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	**M ID 4/4**

CODE	DEFINITION
0019	**Information Source, Subscriber, Dependent**

REQUIRED **BHT02** **353** **Transaction Set Purpose Code** **M ID 2/2**
Code identifying purpose of transaction set

BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status.

ORIGINAL: original transmissions are claims/encounters which have never been sent to the receiver. Generally nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original.

REISSUE: In the case where a transmission was disrupted the receiver can request that the batch be sent again. Use "Reissue" when resending transmission batches that have been previously sent.

CODE	DEFINITION
00	**Original**
18	**Reissue**

REQUIRED **BHT03** **127** **Reference Identification** **O AN 1/50**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SEMANTIC: BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.

Use this reference identifier to identify the inventory file number of the tape or transmission assigned by the submitter's system.

REQUIRED **BHT04** **373** **Date** **O DT 8/8**
Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year

SEMANTIC: BHT04 is the date the transaction was created within the business application system.

Use this date to identify the date on which the submitter created the file.

REQUIRED **BHT05** **337** **Time** **O TM 4/8**
Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

SEMANTIC: BHT05 is the time the transaction was created within the business application system.

Use this time to identify the time of day that the submitter created the file.

REQUIRED	**BHT06**	**640**	**Transaction Type Code** Code specifying the type of transaction	**O**	**ID**	**2/2**

ALIAS: ***Claim or Encounter Indicator***

~~**Use RP when the entire ST-SE envelope contains encounter transmissions.**~~

~~**Use RP when the transmission is being sent to an entity (usually not a payer or a normal provider-payer transmission itermediary) for purposes other than adjudication of a claim. Such an entity could be a state health agency which is using the 837 for health data reporting purposes.**~~

CODE	DEFINITION
CH	**Chargeable** **Use this code when the transmission contains only fee-for-service claims or claims with at least one chargeable line item. If it is not clear whether a transaction is a claim or encounter, the developers of this implementation guide recommend submitting the transaction as a claim.**
RP	**Reporting** **Use this code to send a batch of encounters.**

IMPLEMENTATION

TRANSMISSION TYPE IDENTIFICATION

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Test / Production Indicator - UB cross reference 01018.**

Example: **REF*87*004010X156~**

STANDARD

REF Reference Identification

Level: Header

Position: 0150

Loop: ____

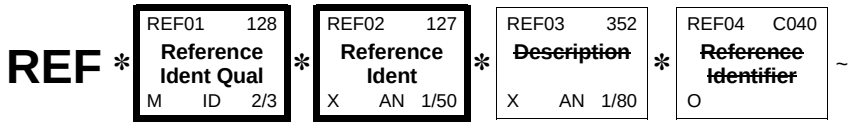
Requirement: Optional

Max Use: 3

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**
			REF01 - Test / Production Indicator - Qualifier Code 87.	
			CODE / DEFINITION **87 Functional Category**	
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203	**X AN 1/50**
			When this draft is used to pilot the transaction set, this value is 004010X096D. When this draft is used to send the transaction set in a production mode, this value is 004010X096.	
			REF02 - Test Value = 004010X156D.	
			REF02 - Production Value = 004010X156.	

NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O		

IMPLEMENTATION

SUBMITTER NAME

Loop: **1000A — SUBMITTER NAME Repeat: 1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **See Section 2.4, Loop ID-1000, Data Overview, for a detailed description about using Loop ID-1000. ~~Ignore the Set Notes below.~~**
2. **Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.**
3. **Submitter Name - UB cross reference 01009.**

Example: **NM1*41*2*ABC Submitter*****46*999999999~**

STANDARD

NM1 Individual or Organizational Name

Level: Header

Position: 0200

Loop: 1000 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

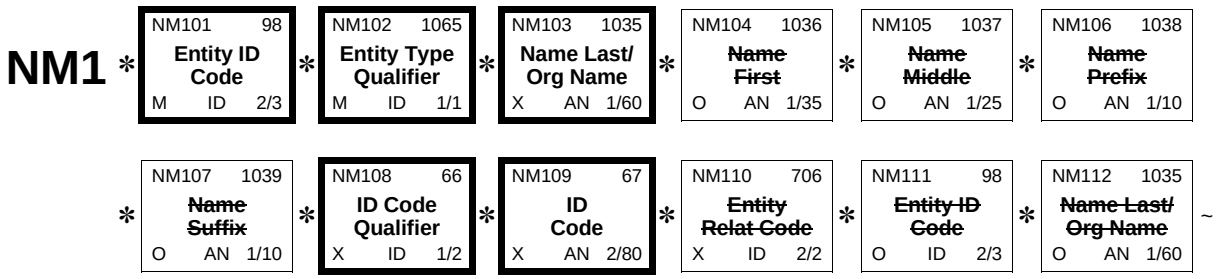
Set Notes:

1. Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.
3. **C1203**
   If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE / DEFINITION **41 Submitter**	**M**	**ID**	**2/3**
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103. CODE / DEFINITION **2 Non-Person Entity**	**M**	**ID**	**1/1**
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name ***ALIAS:*** ***Submitter Name*** **SYNTAX:** C1203	**X**	**AN**	**1/60**
NOT USED	**NM104**	**1036**	**Name First**	**O**	**AN**	**1/35**
NOT USED	**NM105**	**1037**	**Name Middle**	**O**	**AN**	**1/25**
NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
NOT USED	**NM107**	**1039**	**Name Suffix**	**O**	**AN**	**1/10**
REQUIRED	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** P0809 CODE / DEFINITION **46 Electronic Transmitter Identification Number (ETIN)** **Established by a trading partner agreement**	**X**	**ID**	**1/2**
REQUIRED	**NM109**	**67**	**Identification Code** Code identifying a party or other code ***ALIAS:*** ***Submitter Primary Identification Number*** **SYNTAX:** P0809 **Federal Tax ID**	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**
NOT USED	**NM112**	**1035**	**Name Last or Organization Name**	**O**	**AN**	**1/60**

IMPLEMENTATION

RECEIVER NAME

Loop: **1000B — RECEIVER NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **See Section 2.4, Loop ID-1000, Data Overview, for a detailed description about using Loop ID-1000. ~~Ignore the Set Notes below.~~**
2. **Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.**

Example: **NM1*40*2*CSC HEALTHCARE*****46*112223333~**

STANDARD

NM1 Individual or Organizational Name

Level: Header

Position: 0200

Loop: 1000 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

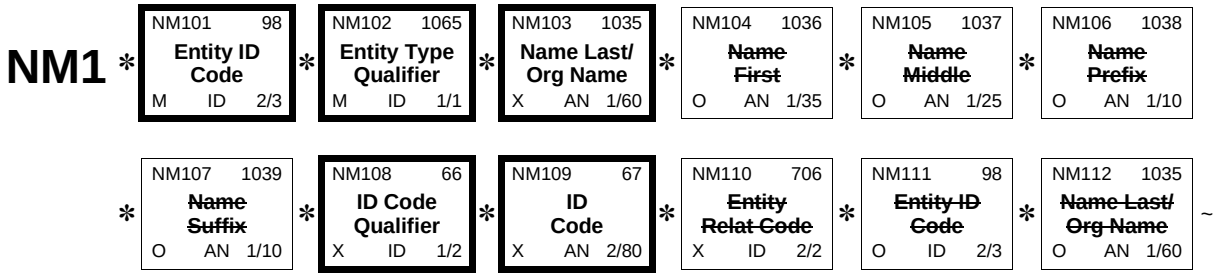
Set Notes:

1. Loop 1000 contains submitter and receiver information. ~~If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.~~

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.
3. **C1203**
   If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES

REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M**	**ID**	**2/3**
			CODE DEFINITION **40 Receiver**			
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE DEFINITION **2 Non-Person Entity**	**M**	**ID**	**1/1**
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name SYNTAX: C1203 **State or entity receiving data - i.e. for New Jersey put NJDDCS for NY put SPARCS.**	**X**	**AN**	**1/60**
NOT USED	**NM104**	**1036**	**Name First**	**O**	**AN**	**1/35**
NOT USED	**NM105**	**1037**	**Name Middle**	**O**	**AN**	**1/25**
NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
NOT USED	**NM107**	**1039**	**Name Suffix**	**O**	**AN**	**1/10**
REQUIRED	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 CODE DEFINITION **46 Electronic Transmitter Identification Number (ETIN)**	**X**	**ID**	**1/2**
REQUIRED	**NM109**	**67**	**Identification Code** Code identifying a party or other code ALIAS: ***Receiver Primary Identification Number*** SYNTAX: P0809	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**
NOT USED	**NM112**	**1035**	**Name Last or Organization Name**	**O**	**AN**	**1/60**

IMPLEMENTATION

SERVICE PROVIDER HIERARCHICAL LEVEL

Loop: 2000A — SERVICE PROVIDER HIERARCHICAL LEVEL **Repeat:** >1

Usage: REQUIRED

Repeat: 1

Notes:

1. ~~Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BC. The billing provider entity may be a health care provider, a billing service, or some other representative of the provider~~

2. ~~The Billing/Pay-to Provider HL may contain information about the Pay-to Provider entity. If the Pay-to Provider entity is the same as the Billing Provider entity, then only use Loop ID-2010AA.~~

3. ~~If the Service Facility Provider is the same entity as the Billing or the Pay-to Provider then do not use Loop 2310E.~~

4. ~~If the Billing or Pay-to Provider is also the Service Facility Provider and Loop ID 2310E is not used, the Loop ID-2000 PRV must be used to indicate which entity (Billing or Pay-to) is the Service Facility Provider.~~

4. **Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.**

5. **Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Billing/Pay-to Provider Hierarchical Level loops, there is an implied maximum of 5000.**

Example: HL*1**20*1~

STANDARD

HL Hierarchical Level

Level: Detail

Position: 0010

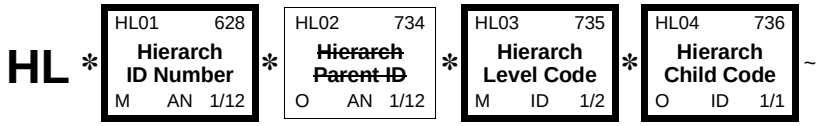
Loop: 2000 **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction. **HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.**	**M AN 1/12**
NOT USED	**HL02**	**734**	**Hierarchical Parent ID Number**	**O AN 1/12**
REQUIRED	**HL03**	**735**	**Hierarchical Level Code** Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	**M ID 1/2**
			CODE / DEFINITION **20 Information Source**	
REQUIRED	**HL04**	**736**	**Hierarchical Child Code** Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment. **The claim loop (Loop ID-2300) can be used only when HL04 has no subordinate levels (HL04 = 0).**	**O ID 1/1**
			CODE / DEFINITION **1 Additional Subordinate HL Data Segment in This Hierarchical Structure.**	

IMPLEMENTATION

SERVICE PROVIDER NAME

Loop: 2010AA — SERVICE PROVIDER NAME **Repeat:** 1

Usage: REQUIRED

Repeat: 1

Notes:

1. **Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.**

2. ~~**Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However, some payers do not accept claims from non-provider billing entities.**~~

Example: NM1*85*2*JONES HOSPITAL*****XX*45609312~

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 0150

Loop: 2010 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:

1. Loop 2010 contains information about entities that apply to all reported services in loop 2300. For example, these entities may include ~~billing provider, pay-to~~ inpatient hospital services, outpatient hospital services, or free standing clinic services.

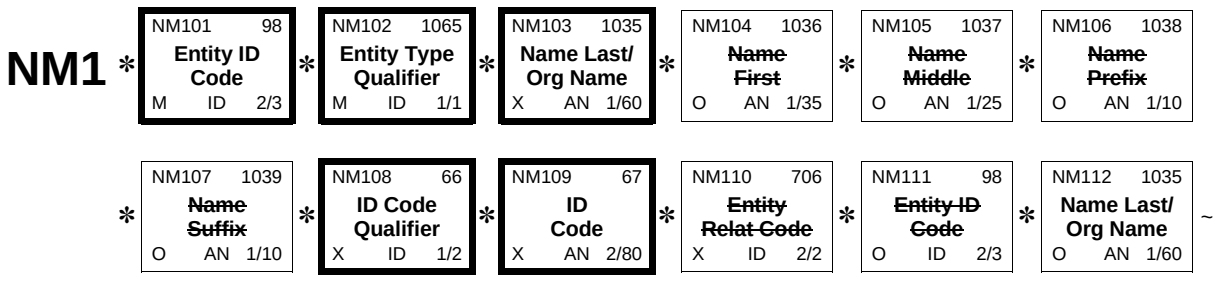
Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.

2. **C1110**
   If NM111 is present, then NM110 is required.

3. **C1203**
   If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3

CODE	DEFINITION
SJ	**Service Provider** **Use this code to indicate service provider ~~billing submitter,~~ or encounter reporting entity.**

REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M ID 1/1

CODE	DEFINITION
2	**Non-Person Entity**

REQUIRED	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name *ALIAS: Service Provider Name* SYNTAX: C1203 **UB-92 Reference [UB-92 Name]:** **1, Line 1 [Provider Name, Address and Telephone Number]** **EMC v.6.0 Reference:** **Record Type 10 Field No. 12**	X AN 1/60
NOT USED	NM104	1036	**Name First**	O AN 1/35
NOT USED	NM105	1037	**Name Middle**	O AN 1/25
NOT USED	NM106	1038	**Name Prefix**	O AN 1/10
NOT USED	NM107	1039	**Name Suffix**	O AN 1/10
REQUIRED	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 **If "XX - NPI" is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.**	X ID 1/2

CODE	DEFINITION
24	**Employer's Identification Number**
34	**Social Security Number**
XX	**Health Care Financing Administration National Provider Identifier**

REQUIRED	NM109	67	**Identification Code** Code identifying a party or other code *ALIAS: Billing Provider Primary ID* SYNTAX: P0809	X AN 2/80
NOT USED	NM110	706	**Entity Relationship Code**	X ID 2/2

NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**
SITUATIONAL	**NM112**	**1035**	**Name Last or Organization Name** Individual last name or organizational name **SYNTAX:** C1203 **COMMENT:** NM112 can identify a second surname.	**O**	**AN**	**1/60**

IMPLEMENTATION

SERVICE PROVIDER SECONDARY IDENTIFICATION

Loop: 2010AA — SERVICE PROVIDER NAME

Usage: SITUATIONAL

Repeat: 8

Notes:

1. **Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.**

2. **If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/09 of this loop, then this REF is not used.**

3. **If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 8 times.**

Example: **REF*SY*987654~**

STANDARD

REF Reference Identification

Level: Detail

Position: 0350

Loop: 2010

Requirement: Optional

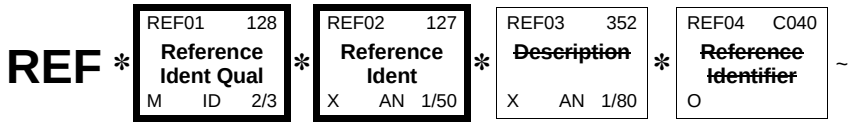
Max Use: 20

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES

REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M**	**ID**	**2/3**

Codes 8U, LU, ST, TT, 06, IJ, RB, and EM were added to this implementation guide to support credit/debit card information billing. *See Appendix G, Credit/Debit Card Use,* for details.

Until NPI implemented this is required for Reporting Guide use by states.

CODE	DEFINITION
0B	**State License Number**
1A	**Blue Cross Provider Number** UB-92 Reference [UB-92 Name]: **51 (A-C) [Provider Number]** EMC v.6.0 Reference: **Record Type 10 Field No. 9, 10** **Record Type 30 Field No. 24**
1B	**Blue Shield Provider Number**
1C	**Medicare Provider Number** UB-92 Reference [UB-92 Name]: **51 (A-C) [Provider Number]** EMC v.6.0 Reference: **Record Type 10 Field No. 6** **Record Type 30 Field No. 24**
1D	**Medicaid Provider Number** UB-92 Reference [UB-92 Name]: **51 (A-C) [Provider Number]** EMC v.6.0 Reference: **Record Type 10 Field No. 7**
1G	**Provider UPIN Number**
1H	**CHAMPUS Identification Number** UB-92 Reference [UB-92 Name]: **51 (A-C) [Provider Number]** EMC v.6.0 Reference: **Record Type 10 Field No. 8** **Record Type 30 Field No. 24**
1J	**Facility ID Number**
B3	**Preferred Provider Organization Number**
BQ	**Health Maintenance Organization Code Number**
EI	**Employer's Identification Number** UB-92 Reference [UB-92 Name]: **5 [Payer Identification]** EMC v.6.0 Reference:

				Record Type 10 Field No. 4, 5			
			FH	**Clinic Number**			
			G2	**Provider Commercial Number** UB-92 Reference [UB-92 Name]: **51 (A-C) [Provider Number]** EMC v.6.0 Reference: **Record Type 10 Field No. 9, 10** **Record Type 30 Field No. 24**			
			G5	**Provider Site Number**			
			LU	**Location Number**			
			SY	**Social Security Number** UB-92 Reference [UB-92 Name]: **5 [Payer Identification]** EMC v.6.0 Reference: **Record Type 10 Field No. 4, 5**			
			X5	**State Industrial Accident Provider Number**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203		**X**	**AN**	**1/50**
NOT USED	**REF03**	**352**	**Description**		**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**		**O**		

IMPLEMENTATION

SUBSCRIBER HIERARCHICAL LEVEL

Loop: **2000B — SUBSCRIBER HIERARCHICAL LEVEL** **Repeat:** **>1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **If the insured and the patient are the same person, use this HL to identify the insured/patient, skip the subsequent (PATIENT) HL, and proceed directly to Loop ID-2300.**

2. **The Subscriber HL contains information about the person who is listed as the subscriber/insured for the destination payer entity (Loop ID-2010BA). The Subscriber HL contains information identifying the subscriber (Loop ID-2010BA), his or her insurance (Loop ID-2010BC), and responsible party (Loop ID-2010BD). In addition, information about the credit/debit card holder is placed in this HL (Loop ID-2010BB). The credit/debit card holder may or may not be the subscriber. See Appendix G, Credit/Debit Card Use, for a description of using Loop ID-2010BD.**

3. **Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.**

4. **Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical Level loops, there is an implied maximum of 5000.**

Example: **HL*124*123*22*1~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 0010

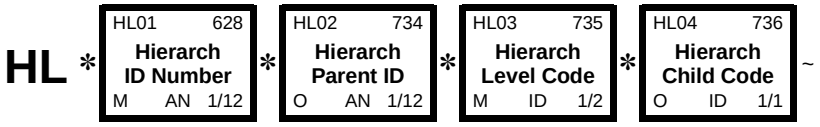
Loop: 2000 **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
REQUIRED	**HL02**	**734**	**Hierarchical Parent ID Number** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	**O AN 1/12**
REQUIRED	**HL03**	**735**	**Hierarchical Level Code** Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	**M ID 1/2**

CODE	DEFINITION
22	**Subscriber**

REQUIRED	**HL04**	**736**	**Hierarchical Child Code** Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	**O ID 1/1**

The claim loop (Loop ID-2300) can be used both when HL04 has no subordinate levels (HL04 = 0) or when HL04 has subordinate levels indicated (HL04 = 1).

In the first case (HL04 = 0), the subscriber is the patient and there are no dependent claims. The second case (HL04 = 1) happens when claims/encounters for both the subscriber and a dependent of theirs are being sent under the same billing provider HL (e.g., a father and son are both involved in the same automobile accident and are treated by the same provider). In that case, the subscriber HL04 = 1 because there is a dependent to this subscriber, but the 2300 loop for the subscriber/patient (father) would begin after the subscriber HL. The dependent HL (son) would then be run and the 2300 loop for the dependent/patient would be run after that HL. HL04=1 would also be used when a claim/encounter for a only a dependent is being sent.

CODE	DEFINITION
0	**No Subordinate HL Segment in This Hierarchical Structure.**
1	**Additional Subordinate HL Data Segment in This Hierarchical Structure.**

IMPLEMENTATION

SUBSCRIBER INFORMATION

Loop: **2000B — SUBSCRIBER HIERARCHICAL LEVEL**

Usage: **REQUIRED**

Repeat: **1**

Example: **SBR*P**GRP01020102******CI~**

STANDARD

SBR Subscriber Information

Level: Detail

Position: 0050

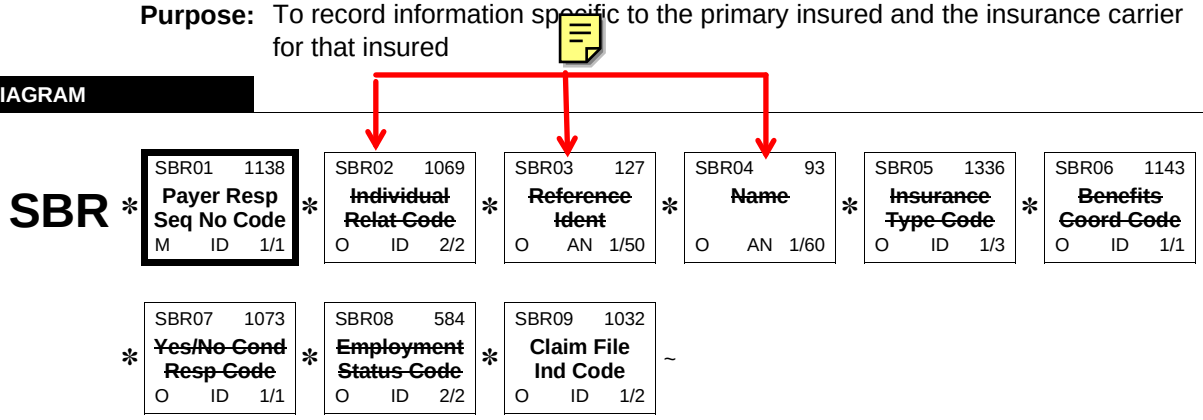
Loop: 2000

Requirement: Optional

Max Use: 1

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES

REQUIRED	SBR01	1138	**Payer Responsibility Sequence Number Code** Code identifying the insurance carrier's level of responsibility for a payment of a claim	M	ID	1/1

UB-92 Reference [UB-92 Name]:

50 (A-C) [Payer Identification]
51 (A-C) [Provider Number]
52 (A-C) [Release of Information Certification Indicator]
53 (A-C) [Assignment of Benefits Certification Indicator]
54 (A-C) [Prior Payments - Payers and Patient]
55 (A-C) [Estimated Amount Due]
58 (A-C) [Insured's Name]
59 (A-C) [Patient's Relationship to Insured]
60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]
61 (A-C) [Insured Group Name]
62 (A-C) [Insurance Group Number]
63 (A-C) [Treatment Authorization Code]
64 (A-C) [Employment Status Code of the Insured]
65 (A-C) [Employer Name of the Insured]
66 (A-C) [Employer Location of the Insured]

EMC v.6.0 Reference:

Record Type 30 Field No. 2 (Sequence 01-03)
Record Type 31 Field No. 2 (Sequence 01-03)
Record Type 32 Field No. 2 (Sequence 01-03)
Record Type 40 Field No. 5, 6, 7

CODE	DEFINITION
P	Primary
~~S~~	~~Secondary~~
~~T~~	~~Tertiary~~ ~~Use to indicate 'payer of last resort'.~~

SITUATIONAL	SBR02	1069	Individual Relationship Code	O	ID	2/2
SITUATIONAL	SBR03	127	Reference Identification	O	AN	1/50
SITUATIONAL	SBR04	93	Name	O	AN	1/60
NOT USED	SBR05	1336	Insurance Type Code	O	ID	1/3
NOT USED	SBR06	1143	Coordination of Benefits Code	O	ID	1/1
NOT USED	SBR07	1073	Yes/No Condition or Response Code	O	ID	1/1
NOT USED	SBR08	584	Employment Status Code	O	ID	2/2

SITUATIONAL **SBR09** **1032** **Claim Filing Indicator Code** **O** **ID** **1/2**
Code identifying type of claim

EMC v.6.0 Reference:

Record Type 30 Field No. 4 (not all codes map)

Required prior to mandated use of PlanID. Not used after PlanID is mandated.

CODE	DEFINITION
09	**Self-pay** EMC v.6.0 Reference: **Record Type 30 Field No. 4 Code A**
11	**Other Non-Federal Programs**
12	**Preferred Provider Organization (PPO)** **Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment**
14	**Exclusive Provider Organization (EPO)** **Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment**
15	**Indemnity Insurance**
16	**Health Maintenance Organization (HMO) Medicare Risk**
BL	**Blue Cross/Blue Shield** EMC v.6.0 Reference: **Record Type 30 Field No. 4 Code G**
CH	**Champus** EMC v.6.0 Reference: **Record Type 30 Field No. 4 Code H**
CI	**Commercial Insurance Co.** EMC v.6.0 Reference: **Record Type 30 Field No. 4 Code F**
HM	**Health Maintenance Organization** **There is no map to EMC v.6.0.** **(Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment)**
MA	**Medicare Part A** EMC v.6.0 Reference: **Record Type 30 Field No. 4 Code C (Same as the qualifier used inCLP06 of 835 Health Care Claim Payment)**
MB	**Medicare Part B** **Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment**

MC	**Medicaid** EMC v.6.0 Reference: **Record Type 30 Field No. 4 Code D**
OF	**Other Federal Program** EMC v.6.0 Reference: **Record Type 30 Field No. 4 Code E**
VA	**Veterans Affairs Plan** **Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment.** **Refers to Veterans Affairs Plan.**
WC	**Workers' Compensation Health Claim** EMC v.6.0 Reference: **Record Type 30 Field No. 4 Code B (Same as the qualifier used inCLP06 of 835 Health Care Claim Payment)**
ZZ	**Mutually Defined** **Unknown** **Required value if the HIPAA Individual Identifier is mandated for use. Otherwise, the MI qualifier is used.**

IMPLEMENTATION

PATIENT INFORMATION

Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes:
1. **Required if the subscriber is the same person as the patient (Loop ID-2000B SBR02=18), and information in this PAT segment (~~patient weight see PAT07 and PAT08, or~~ Pregnancy Indicator see PAT09) is necessary to file the claim/encounter.**

Example: PAT*******~~GR~~*~~1768~~*Y~

STANDARD

PAT Patient Information

Level: Detail

Position: 0070

Loop: 2000

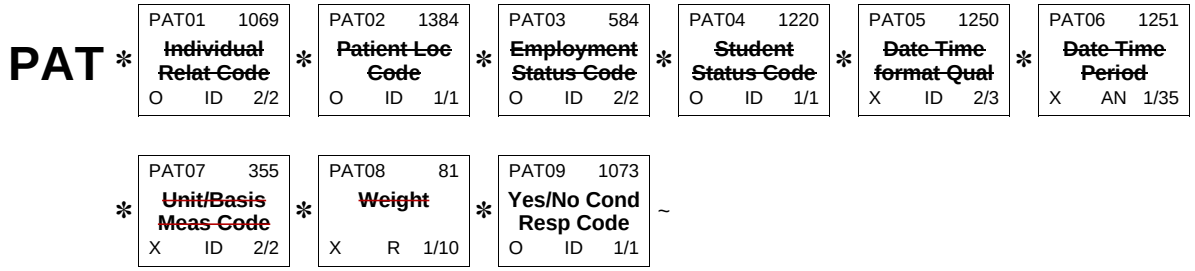
Requirement: Optional

Max Use: 1

Purpose: To supply patient information

Syntax:
1. **P0506**
   If either PAT05 or PAT06 is present, then the other is required.
2. **P0708**
   If either PAT07 or PAT08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
NOT USED	PAT01	1069	Individual Relationship Code	O	ID	2/2
NOT USED	PAT02	1384	Patient Location Code	O	ID	1/1
NOT USED	PAT03	584	Employment Status Code	O	ID	2/2
NOT USED	PAT04	1220	Student Status Code	O	ID	1/1
NOT USED	PAT05	1250	Date Time Period Format Qualifier	X	ID	2/3

NOT USED	PAT06	1251	**Date Time Period**	X	AN	1/35
NOT USED	PAT07	355	**Unit or Basis for Measurement Code** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken SYNTAX: P0708	X	ID	2/2

CODE	DEFINITION
~~GR~~	~~Gram~~ ~~This data element is used when the patient's age is less than 29 days old.~~

NOT USED	PAT08	81	**Weight** Numeric value of weight SYNTAX: P0708 SEMANTIC: PAT08 is the patient's weight.	X	R	1/10

~~Required on claims/encounters for delivery services to report newborn's birthweight.~~

The UB-92 Value Code 54 must be used to report Newborn Birth Weight.

SITUATIONAL	PAT09	1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response SEMANTIC: PAT09 indicates whether the patient is pregnant or not pregnant. Code "Y" indicates the patient is pregnant; code "N" indicates the patient is not pregnant.	O	ID	1/1

Required when required by state law (e.g., Indiana Medicaid)

Used in Reporting Guide for potential Medicaid Reporting.

CODE	DEFINITION
Y	Yes ~~Used in Reporting Guide for potential Medicaid Reporting.~~

IMPLEMENTATION

SUBSCRIBER NAME

Loop: **2010BA — SUBSCRIBER NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **In worker's compensation or other property and casualty claims, the "subscriber" may be a non-person entity (i.e., the employer). However, this varies by state.**
2. **Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.**
3. **When this information cannot be reported by statute or regulation, then a masked value should be reported.**

Example: **NM1*IL*1*DOE*JOHN*T***MI*739004273~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 0150

Loop: 2010 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

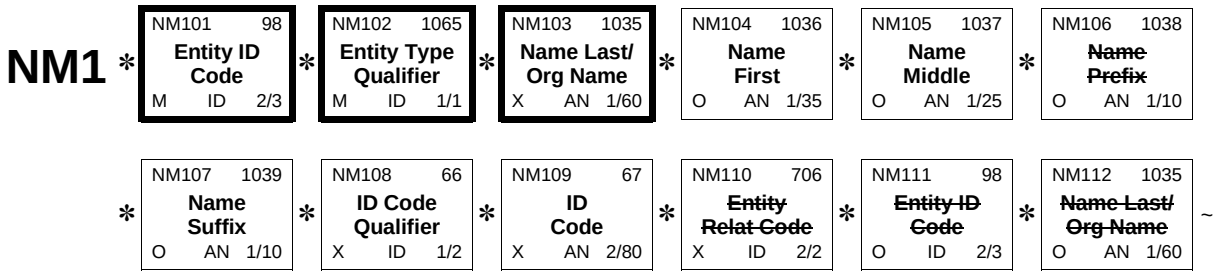
Set Notes:

1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include inpatient hospital services, outpatient hospital services, or free standing clinic services.

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.
3. **C1203**
   If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3
			CODE: IL — DEFINITION: Insured or Subscriber	
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M ID 1/1
			CODE: 1 — DEFINITION: Person	
REQUIRED	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name SYNTAX: C1203 **UB-92 Reference [UB-92 Name]:** 58 (A-C) [Insured's Name] **EMC v.6.0 Reference:** Record Type 30 Field No. 12 (Sequence 01-03) When this information cannot be reported by statute or regulation, then the last name should be masked.	X AN 1/60
SITUATIONAL	NM104	1036	**Name First** Individual first name **UB-92 Reference [UB-92 Name]:** 58 (A-C) [Insured's Name] **EMC v.6.0 Reference:** Record Type 30 Field No. 13 (Sequence 01-03) This data element is required when NM102 equals one (1). When this information cannot be reported by statute or regulation, then the first name should be masked.	O AN 1/35

SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial	O	AN	1/25

ALIAS: ***Subscriber's Middle Initial***

UB-92 Reference [UB-92 Name]:

58 (A-C) [Insured's Name]

EMC v.6.0 Reference:

Record Type 30 Field No. 14 (Sequence 01-03)

This data element is required when NM102 = 1 and the Middle Name or Initial of the person is known.

When this information cannot be reported by statute or regulation, then the middle name should be masked.

NOT USED	NM106	1038	**Name Prefix**	O	AN	1/10
SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name	O	AN	1/10

This data element is required when the NM102 equals one (1) and the name suffix is known. Examples: I, II, III, IV, Jr, Sr.

When this information cannot be reported by statute or regulation, then the name suffix should be masked.

SITUATIONAL	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67)	X	ID	1/2

SYNTAX: P0809

This data element is required when NM102 equals one (1)

MI is also intended to be used in claims submitted to the Indian Health Service/Contract HealthServices (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State). In the event that a Social Security Number is also available on an IHS/CHS claim, put the SSN in REF02.

CODE	DEFINITION
MI	**Member Identification Number** **The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.**
ZZ	**Mutually Defined** **The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.**

SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code SYNTAX: P0809 **UB-92 Reference [UB-92 Name]:** **60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]** **EMC v.6.0 Reference:** **Record Type 30 Field No. 7 (Sequence 01-03)** **This data element is required when NM102 equals one (1).**	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**
NOT USED	**NM112**	**1035**	**Name Last or Organization Name**	**O**	**AN**	**1/60**

IMPLEMENTATION

SUBSCRIBER ADDRESS

Loop: **2010BA — SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).**

Example: **N3*125 CITY AVENUE~**

STANDARD

N3 Address Information

Level: Detail

Position: 0250

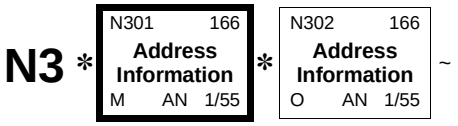
Loop: 2010

Requirement: Optional

Max Use: 2

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**N301**	**166**	**Address Information** Address information	**M**	**AN**	**1/55**
			UB-92 Reference [UB-92 Name]:			
			84, Line b [Remarks]			
			EMC v.6.0 Reference:			
			Record Type 31 Field No. 4 (Sequence 01-03)			
SITUATIONAL	**N302**	**166**	**Address Information** Address information	**O**	**AN**	**1/55**
			EMC v.6.0 Reference:			
			Record Type 31 Field No. 5 (Sequence 01-03)			
			Required if a second address line exists.			

IMPLEMENTATION

SUBSCRIBER CITY/STATE/ZIP CODE

Loop: **2010BA — SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).**

Example: **N4*CENTERVILLE*PA*17111~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 0300

Loop: 2010

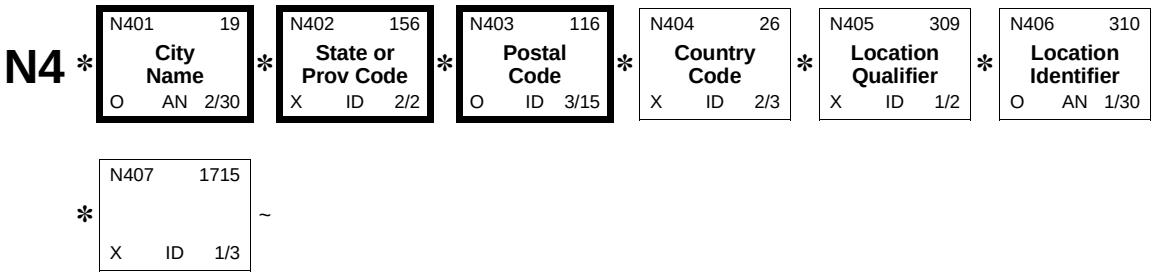
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax:
1. **E0207**
   Only one of N402 or N407 may be present.
2. **C0605**
   If N406 is present, then N405 is required.
3. **C0704**
   If N407 is present, then N404 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES

REQUIRED	**N401**	**19**	**City Name** Free-form text for city name **COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. **UB-92 Reference [UB-92 Name]:** **84, Line c [Remarks]** **EMC v.6.0 Reference:** **Record Type 31 Field No. 6 (Sequence 01-03)**	**O**	**AN**	**2/30**
REQUIRED	**N402**	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency **SYNTAX:** E0207 **COMMENT:** N402 is required only if city name (N401) is in the U.S. or Canada. **CODE SOURCE 22:** States and Outlying Areas of the U.S. **UB-92 Reference [UB-92 Name]:** **84, Line c [Remarks]** **EMC v.6.0 Reference:** **Record Type 31 Field No. 7 (Sequence 01-03)**	**X**	**ID**	**2/2**
REQUIRED	**N403**	**116**	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) **CODE SOURCE 51:** ZIP Code **UB-92 Reference [UB-92 Name]:** **84, Line d [Remarks]** **EMC v.6.0 Reference:** **Record Type 31 Field No. 8 (Sequence 01-03)**	**O**	**ID**	**3/15**
SITUATIONAL	**N404**	**26**	**Country Code** Code identifying the country **SYNTAX:** C0704 **CODE SOURCE 5:** Countries, Currencies and Funds **This data element is required when the address is outside of the U.S.**	**X**	**ID**	**2/3**
SITUATIONAL	**N405**	**309**	**Location Qualifier** Code identifying type of location **SYNTAX:** C0605 **CODE** **DEFINITION** **CO** **County/Parish and State**	**X**	**ID**	**1/2**
SITUATIONAL	**N406**	**310**	**Location Identifier** Code which identifies a specific location **SYNTAX:** C0605	**O**	**AN**	**1/30**
NOT USED	**N407**	**1715**	**Country Subdivision Code**	**X**	**ID**	**1/3**

IMPLEMENTATION

SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: **2010BA — SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).**

Example: **DMG*D8*19290730*M~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 0320

Loop: 2010

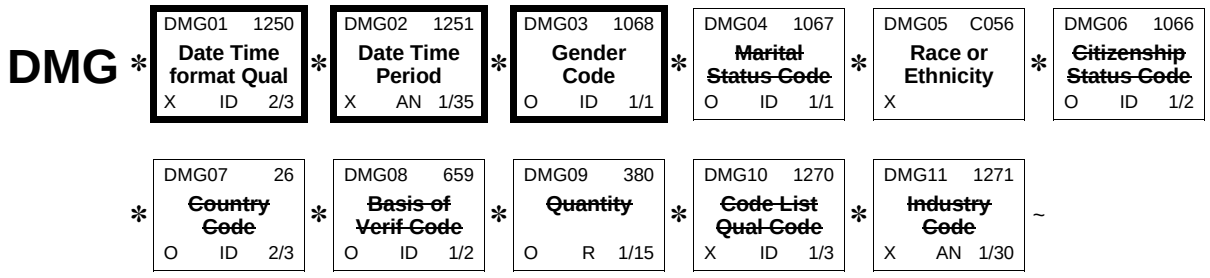
Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax:
1. **P0102**
   If either DMG01 or DMG02 is present, then the other is required.
2. **P1011**
   If either DMG10 or DMG11 is present, then the other is required.
3. **C1105**
   If DMG11 is present, then DMG05 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DMG01**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SYNTAX: P0102	**X ID 2/3**

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED	DMG02	1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *ALIAS:* ***Date of Birth - Patient*** SYNTAX: P0102 SEMANTIC: DMG02 is the date of birth. **EMC v.6.0 Reference:** **Record Type 20 Field No. 8**	X	AN	1/35
REQUIRED	DMG03	1068	**Gender Code** Code indicating the sex of the individual *ALIAS:* ***Gender - Patient*** **EMC v.6.0 Reference:** **Record Type 30 Field No. 15**	O	ID	1/1

CODE	DEFINITION
F	Female
M	Male
U	Unknown

NOT USED	DMG04	1067	**Marital Status Code**	O	ID	1/1
SITUATIONAL	DMG05	C056	**COMPOSITE RACE OR ETHNICITY INFORMATION** To send general and detailed information on race or ethnicity	X		
NOT USED	DMG05 - 1		1109 **Race or Ethnicity Code**	O	ID	1/1
SITUATIONAL	DMG05 - 2		1270 **Code List Qualifier Code** Code identifying a specific industry code list	X	ID	1/3

CODE	DEFINITION
RET	**Classification of Race or Ethnicity** CODE SOURCE **859:** Classification of Race or Ethnicity

SITUATIONAL	DMG05 - 3		1271 **Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	DMG06	1066	**Citizenship Status Code**	O	ID	1/2
NOT USED	DMG07	26	**Country Code**	O	ID	2/3
NOT USED	DMG08	659	**Basis of Verification Code**	O	ID	1/2
NOT USED	DMG09	380	**Quantity**	O	R	1/15
SITUATIONAL	DMG10	1270	**Code List Qualifier Code**	X	ID	1/3
SITUATIONAL	DMG11	1271	**Industry Code**	X	AN	1/30

IMPLEMENTATION

SUBSCRIBER SECONDARY IDENTIFICATION

Loop: **2010BA — SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **4**

Notes:
1. **Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.**

Example: **REF*SY*030385074~**

STANDARD

REF Reference Identification

Level: Detail

Position: 0350

Loop: 2010

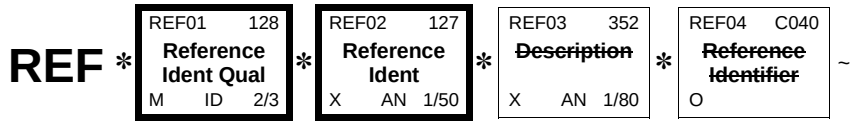
Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
1W	**Member Identification Number** **If NM108 = MI, this qualifier cannot be used.**
ABB	**Personal ID Number** **Used for state specific linkage variables at the encounter.**
IG	**Insurance Policy Number**
SY	**Social Security Number**

~~The social security number may not be used for Medicare.~~

REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203	**X**	**AN**	**1/50**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

PAYER NAME

Loop: **2010BC — PAYER NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **This is the primary payer.**
2. **Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.**

Example: **NM1*PR*2*UNION MUTUAL OF OREGON*****PI*43140~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 0150

Loop: 2010 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

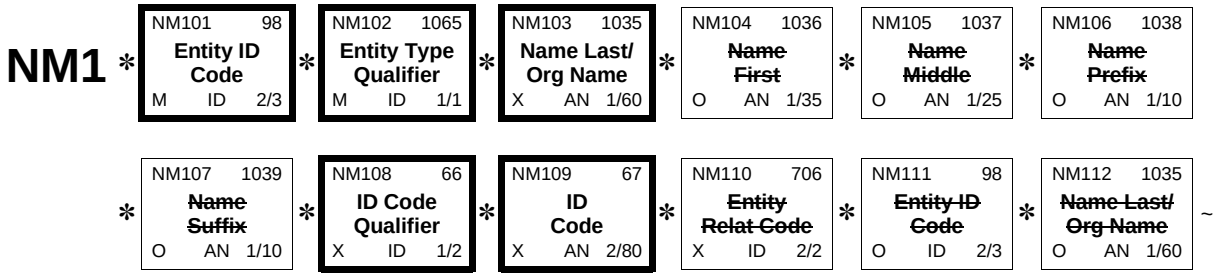
Set Notes:

1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.
3. **C1203**
   If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES

REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M**	**ID**	**2/3**

CODE	DEFINITION
PR	**Payer**

REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	**M**	**ID**	**1/1**

CODE	DEFINITION
2	**Non-Person Entity**

REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name SYNTAX: C1203 **UB-92 Reference [UB-92 Name]:** **50 (A-C) [Payer Identification]** **EMC v.6.0 Reference:** **Record Type 30 Field No. 8b (Sequence 01-03)** **Record Type 32 Field No. 4 (Sequence 01-03)**	**X**	**AN**	**1/60**
NOT USED	**NM104**	**1036**	**Name First**	**O**	**AN**	**1/35**
NOT USED	**NM105**	**1037**	**Name Middle**	**O**	**AN**	**1/25**
NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
NOT USED	**NM107**	**1039**	**Name Suffix**	**O**	**AN**	**1/10**
REQUIRED	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 **EMC v.6.0 Reference:** **Record Type 30 Field No. 5, 6 (Sequence 01-03)**	**X**	**ID**	**1/2**

CODE	DEFINITION
PI	**Payor Identification**
XV	**Health Care Financing Administration National Payer Identification Number (PAYERID)** CODE SOURCE **540:** Health Care Financing Administration National PAYERID

REQUIRED	**NM109**	**67**	**Identification Code** Code identifying a party or other code *ALIAS:* ***Primary Payer ID*** SYNTAX: P0809	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**
NOT USED	**NM112**	**1035**	**Name Last or Organization Name**	**O**	**AN**	**1/60**

IMPLEMENTATION

PAYER SECONDARY IDENTIFICATION

Loop: **2010BC — PAYER NAME**

Usage: **SITUATIONAL**

Repeat: **3**

Notes: **1. Required if additional identification numbers other than the primary identification number in NM108/09 in this loop are necessary to adjudicate the claim/encounter.**

Example: **REF*FY*435261708~**

STANDARD

REF Reference Identification

Level: Detail

Position: 0350

Loop: 2010

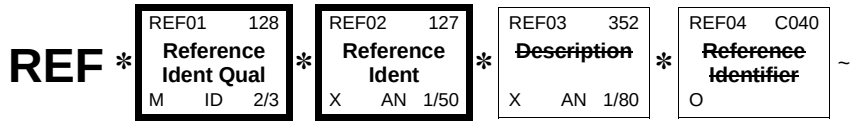
Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
2U	**Payer Identification Number** **This code can be used to identify any payer's identification number (the payer can be Medicaid, a commercial payer, TPA, etc). Whatever number is used has been defined between trading partners.**
NF	**National Association of Insurance Commissioners (NAIC) Code** **CODE SOURCE 245:** National Association of Insurance Commissioners (NAIC) Code
TJ	**Federal Taxpayer's Identification Number**

REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 **EMC v.6.0 Reference:** **Record Type 30 Field No. 5, 6 (Sequence 01-03)** **Record Type 31 Field No. 15**	**X**	**AN**	**1/50**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

PATIENT HIERARCHICAL LEVEL

Loop: **2000C — PATIENT HIERARCHICAL LEVEL** **Repeat:** **>1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **This HL is required when the patient is a different person than the subscriber. There are no HL's subordinate to the Patient HL.**
2. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.**
3. **Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Patient Hierarchical Level loops, there is an implied maximum of 5000.**

Example: **HL*125*124*23*0~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 0010

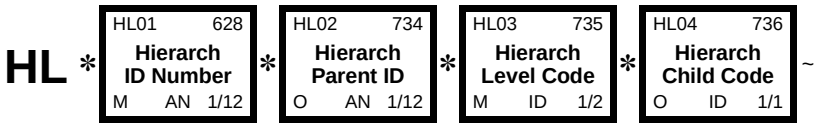
Loop: 2000 **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES

REQUIRED **HL01** **628** **Hierarchical ID Number** **M AN 1/12**

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

REQUIRED **HL02** **734** **Hierarchical Parent ID Number** **O AN 1/12**

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

REQUIRED **HL03** **735** **Hierarchical Level Code** **M ID 1/2**

Code defining the characteristic of a level in a hierarchical structure

COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

CODE	DEFINITION
PT	**Patient**

REQUIRED **HL04** **736** **Hierarchical Child Code** **O ID 1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

The claim loop (Loop ID-2300) can be used only when HL04 has no subordinate levels (HL04 = 0).

CODE	DEFINITION
0	**No Subordinate HL Segment in This Hierarchical Structure.**

IMPLEMENTATION

PATIENT INFORMATION

Loop: 2000C — PATIENT HIERARCHICAL LEVEL

Usage: SITUATIONAL

Repeat: 1

Example: PAT*19*****01*145*N~

STANDARD

PAT Patient Information

Level: Detail

Position: 0070

Loop: 2000

Requirement: Optional

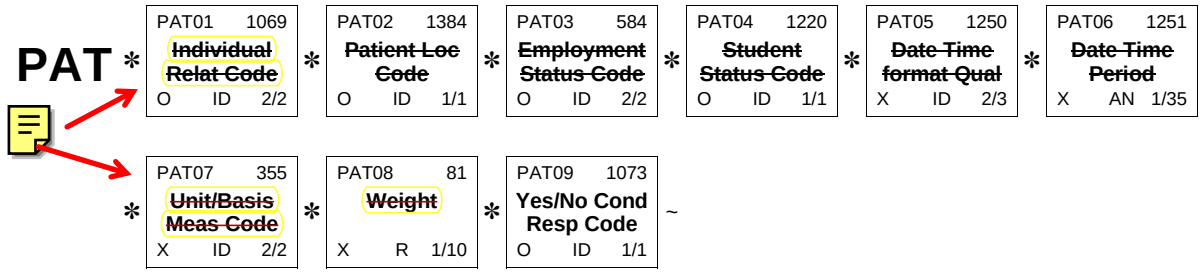
Max Use: 1

Purpose: To supply patient information

Syntax:

1. **P0506**
   If either PAT05 or PAT06 is present, then the other is required.
2. **P0708**
   If either PAT07 or PAT08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
SITUATIONAL	PAT01	1069	Individual Relationship Code	O	ID	2/2
NOT USED	PAT02	1384	Patient Location Code	O	ID	1/1
NOT USED	PAT03	584	Employment Status Code	O	ID	2/2
NOT USED	PAT04	1220	Student Status Code	O	ID	1/1
NOT USED	PAT05	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	PAT06	1251	Date Time Period	X	AN	1/35

NOT USED | PAT07 | 355 | **Unit or Basis for Measurement Code** | X | ID | 2/2

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

SYNTAX: P0708

~~This data element is used when the patient's age is less than 29 days old.~~

The UB-92 Value Code 54 must be used to report Newborn Birth Weight

CODE	DEFINITION
GR	Gram ~~When NUBC approves a value code (54) for Newborn weight, this data element would not be needed.~~

NOT USED | PAT08 | 81 | **Weight** | X | R | 1/10

Numeric value of weight

SYNTAX: P0708

SEMANTIC: PAT08 is the patient's weight.

~~This data element is required when the Patient's Age is less than 29 days old. Patient's Age is calculated as follows: Admission Date - Date of Birth.~~

The UB-92 Value Code 54 must be used to report Newborn Birth Weight

SITUATIONAL | PAT09 | 1073 | **Yes/No Condition or Response Code** | O | ID | 1/1

Code indicating a Yes or No condition or response

SEMANTIC: PAT09 indicates whether the patient is pregnant or not pregnant. Code "Y" indicates the patient is pregnant; code "N" indicates the patient is not pregnant.

Required when required by state law (e.g., Indiana Medicaid)

Used in Reporting Guide for potential Medicaid Reporting.

CODE	DEFINITION
Y	Yes ~~Used in Reporting Guide for potential Medicaid Reporting.~~

IMPLEMENTATION

PATIENT NAME

Loop: **2010CA — PATIENT NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes:
1. **When this information cannot be reported by statute or regulation, then the patient name should be masked.**

Example: **NM1*QC*1*DOE*SALLY****34*123456789~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 0150

Loop: 2010 **Repeat:** 10

Requirement: Optional

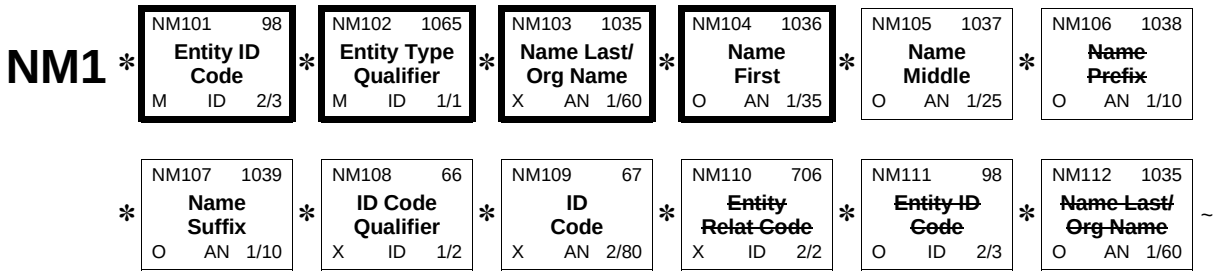
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:
1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

Syntax:
1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.
3. **C1203**
   If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES

REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3

CODE	DEFINITION
QC	Patient

REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M	ID	1/1

CODE	DEFINITION
1	Person

REQUIRED	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name SYNTAX: C1203 **UB-92 Reference [UB-92 Name]:** **12 [Patient Name]** **EMC v.6.0 Reference:** **Record Type 20 Field No. 4** **When this information cannot be reported by statute or regulation, then the last name should be masked.**	X	AN	1/60
REQUIRED	NM104	1036	**Name First** Individual first name **UB-92 Reference [UB-92 Name]:** **BHT04 is the Processing Date - UB cross reference 01020. []** **EMC v.6.0 Reference:** **Record Type 20 Field No. 5** **When this information cannot be reported by statute or regulation, then the first name should be masked.**	O	AN	1/35
SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial **UB-92 Reference [UB-92 Name]:** **BHT03 is the file sequence and serial number - UB cross reference 01017. []** **EMC v.6.0 Reference:** **Record Type 20 Field No. 6** **This data element is required when NM102 = 1 and the Middle Name or Initial of the person is known.**	O	AN	1/25
NOT USED	NM106	1038	**Name Prefix**	O	AN	1/10

SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name	O	AN	1/10

ALIAS: ***Patient's Generation***

This data element is required when the NM102 equals one (1) and the name suffix is known. Examples: I, II, III, IV, Jr, Sr.

When this information cannot be reported by statute or regulation, then the name suffix should be masked.

SITUATIONAL	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67)	X	ID	1/2

SYNTAX: P0809

This data element is required when the Patient's Identifier is different from the Subscriber's Identifier

CODE	DEFINITION
MI	**Member Identification Number** **The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.**
ZZ	**Mutually Defined** **The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.**

SITUATIONAL	NM109	67	**Identification Code** Code identifying a party or other code	X	AN	2/80

SYNTAX: P0809

UB-92 Reference [UB-92 Name]:

60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]

EMC v.6.0 Reference:

Record Type 30 Field No. 7

This data element is required when the Patients ID is different from the Subscribers ID.

NOT USED	NM110	706	**Entity Relationship Code**	X	ID	2/2
NOT USED	NM111	98	**Entity Identifier Code**	O	ID	2/3
NOT USED	NM112	1035	**Name Last or Organization Name**	O	AN	1/60

IMPLEMENTATION

PATIENT ADDRESS

Loop: **2010CA — PATIENT NAME**

Usage: **REQUIRED**

Repeat: **1**

Example: **N3*RFD 10*100 COUNTRY LANE~**

STANDARD

N3 Address Information

Level: Detail

Position: 0250

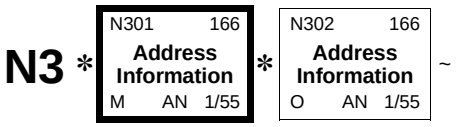
Loop: 2010

Requirement: Optional

Max Use: 2

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**N301**	**166**	**Address Information** Address information **UB-92 Reference [UB-92 Name]:** **13 [Patient Address]** **EMC v.6.0 Reference:** **Record Type 20 Field No. 12**	**M**	**AN**	**1/55**
SITUATIONAL	**N302**	**166**	**Address Information** Address information **UB-92 Reference [UB-92 Name]:** **13 [Patient Address]** **EMC v.6.0 Reference:** **Record Type 20 Field No. 13** **Required if a second address line exists.**	**O**	**AN**	**1/55**

IMPLEMENTATION

PATIENT CITY/STATE/ZIP CODE

Loop: **2010CA — PATIENT NAME**

Usage: **REQUIRED**

Repeat: **1**

Example: **N4*CORNFIELD TOWNSHIP*IA*99999~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 0300

Loop: 2010

Requirement: Optional

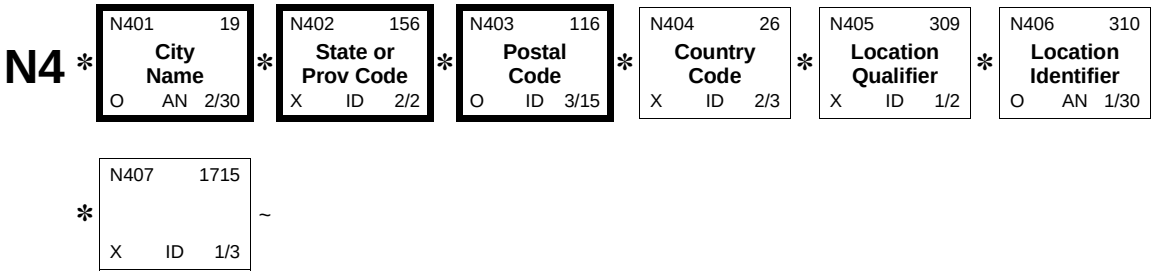
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax:

1. **E0207**
   Only one of N402 or N407 may be present.
2. **C0605**
   If N406 is present, then N405 is required.
3. **C0704**
   If N407 is present, then N404 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES

REQUIRED	**N401**	**19**	**City Name** Free-form text for city name **COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. **UB-92 Reference [UB-92 Name]:** **13 [Patient Address]** **EMC v.6.0 Reference:** **Record Type 20 Field No. 14**	**O**	**AN**	**2/30**
REQUIRED	**N402**	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency **SYNTAX:** E0207 **COMMENT:** N402 is required only if city name (N401) is in the U.S. or Canada. **CODE SOURCE 22:** States and Outlying Areas of the U.S. **UB-92 Reference [UB-92 Name]:** **Federal Tax ID []** **EMC v.6.0 Reference:** **Record Type 20 Field No. 15**	**X**	**ID**	**2/2**
REQUIRED	**N403**	**116**	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) **CODE SOURCE 51:** ZIP Code **UB-92 Reference [UB-92 Name]:** **13 [Patient Address]** **EMC v.6.0 Reference:** **Record Type 20 Field No. 16**	**O**	**ID**	**3/15**
SITUATIONAL	**N404**	**26**	**Country Code** Code identifying the country **SYNTAX:** C0704 **CODE SOURCE 5:** Countries, Currencies and Funds **This data element is required when the address is outside of the U.S.**	**X**	**ID**	**2/3**
SITUATIONAL	**N405**	**309**	**Location Qualifier** Code identifying type of location **SYNTAX:** C0605 **CODE** **DEFINITION** **CO** **County/Parish and State**	**X**	**ID**	**1/2**
SITUATIONAL	**N406**	**310**	**Location Identifier** Code which identifies a specific location **SYNTAX:** C0605	**O**	**AN**	**1/30**
NOT USED	**N407**	**1715**	**Country Subdivision Code**	**X**	**ID**	**1/3**

IMPLEMENTATION

PATIENT DEMOGRAPHIC INFORMATION

Loop: **2010CA — PATIENT NAME**

Usage: **REQUIRED**

Repeat: **1**

Example: **DMG*D8*19530101*F~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 0320

Loop: 2010

Requirement: Optional

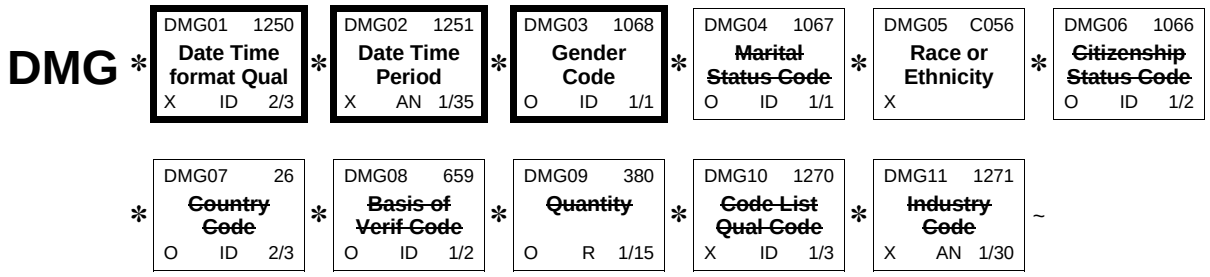
Max Use: 1

Purpose: To supply demographic information

Syntax:

1. **P0102**
   If either DMG01 or DMG02 is present, then the other is required.
2. **P1011**
   If either DMG10 or DMG11 is present, then the other is required.
3. **C1105**
   If DMG11 is present, then DMG05 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DMG01**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SYNTAX: P0102	**X ID 2/3**

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED	DMG02	1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

ALIAS: ***Patient's Date of Birth***

SYNTAX: P0102

SEMANTIC: DMG02 is the date of birth.

UB-92 Reference [UB-92 Name]:

14 [Patient Birthdate]

EMC v.6.0 Reference:

Record Type 20 Field No. 8 (MMDDCCYY)

REQUIRED	DMG03	1068	**Gender Code** Code indicating the sex of the individual	O	ID	1/1

UB-92 Reference [UB-92 Name]:

15 [Patient Sex]

EMC v.6.0 Reference:

Record Type 20 Field No. 7

CODE	DEFINITION
F	Female
M	Male
U	Unknown

NOT USED	DMG04	1067	**Marital Status Code**	O	ID	1/1
SITUATIONAL	DMG05	C056	**COMPOSITE RACE OR ETHNICITY INFORMATION** To send general and detailed information on race or ethnicity	X		
NOT USED	DMG05 - 1	1109	**Race or Ethnicity Code**	O	ID	1/1
SITUATIONAL	DMG05 - 2	1270	**Code List Qualifier Code** Code identifying a specific industry code list	X	ID	1/3

CODE	DEFINITION
RET	Classification of Race or Ethnicity

CODE SOURCE **859:** Classification of Race or Ethnicity

SITUATIONAL	DMG05 - 3	1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	DMG06	1066	**Citizenship Status Code**	O	ID	1/2
NOT USED	DMG07	26	**Country Code**	O	ID	2/3
NOT USED	DMG08	659	**Basis of Verification Code**	O	ID	1/2
NOT USED	DMG09	380	**Quantity**	O	R	1/15
SITUATIONAL	DMG10	1270	**Code List Qualifier Code**	X	ID	1/3
SITUATIONAL	DMG11	1271	**Industry Code**	X	AN	1/30

IMPLEMENTATION

PATIENT SECONDARY IDENTIFICATION NUMBER

Loop: **2010CA — PATIENT NAME**

Usage: **SITUATIONAL**

Repeat: **5**

Notes: **1. This segment is required when an additional identification number is needed.**

Example: **REF*A6*030385074~**

STANDARD

REF Reference Identification

Level: Detail

Position: 0350

Loop: 2010

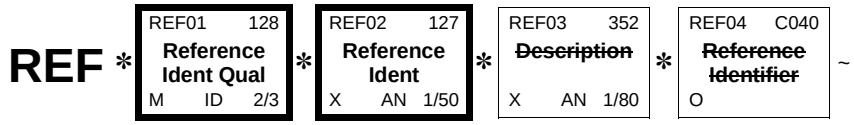
Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

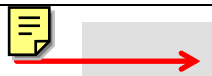
DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
1W	**Member Identification Number** **If NM108 = MI, this qualifier cannot be used.**
ABB	**Personal ID Number** **Used for state specific linkage variables at the encounter.**
IG	**Insurance Policy Number**
SY	**Social Security Number**



~~The social security number may not be used for Medicare.~~

REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203	**X**	**AN**	**1/50**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

CLAIM INFORMATION

Loop: **2300 — CLAIM INFORMATION** **Repeat:** **100**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.**

2. **For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BC in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.**

Example: **CLM*01319300001*500***11:A:1*Y*A*Y*Y***02******N~**

STANDARD

CLM Health Claim

Level: Detail

Position: 1300

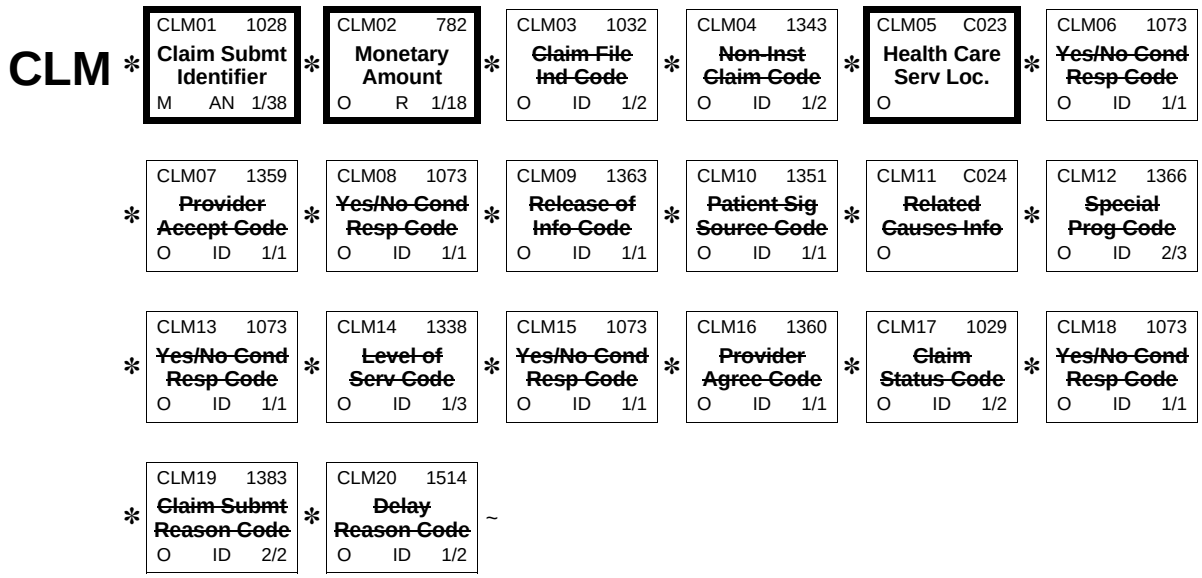
Loop: 2300 **Repeat:** 100

Requirement: Optional

Max Use: 1

Purpose: To specify basic data about the claim

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**CLM01**	**1028**	**Claim Submitter's Identifier** Identifier used to track a claim from creation by the health care provider through payment *ALIAS:* ***Patient Control Number*** **UB-92 Reference [UB-92 Name]:** **3 [Patient Control Number]** **EMC v.6.0 Reference:** **Record Type 20 Field No. 3** ~~**The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the patient account number or the claim number in the billing provider's system.**~~ **The MAXIMUM NUMBER OF CHARACTERS to be supported for this field is '20'. A Provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any receiving system.**	**M AN 1/38**

REQUIRED	CLM02	782	**Monetary Amount** Monetary amount	O	R	1/18

ALIAS: ***Total Claim Charges***

SEMANTIC: CLM02 is the total amount of all submitted charges of service segments for this claim.

UB-92 Reference [UB-92 Name]:

47 (Revenue Code 001) This amount is the total of the SV2 segments, with the exception of Revenue Code 001. [Total Charges (by Revenue Code Category)]

EMC v.6.0 Reference:

Record Type 90 Field No. 13 (Total of Field No. 13 and Field No. 15. This amount is the total of the SV2 segments, with the exception of Revenue Code 001.)

Use this element to indicate the total amount of all submitted charges of service segments for this claim.

Zero may be a valid amount.

NOT USED	CLM03	1032	**Claim Filing Indicator Code**	O	ID	1/2
NOT USED	CLM04	1343	**Non-Institutional Claim Type Code**	O	ID	1/2
REQUIRED	CLM05	C023	**HEALTH CARE SERVICE LOCATION INFORMATION** To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered	O		

ALIAS: ***Type of Bill***

REQUIRED	CLM05 - 1	1331	**Facility Code Value** Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format	M	AN	1/2

UB-92 Reference [UB-92 Name]:

4, Positions 1-2 [Type of Bill]

EMC v.6.0 Reference:

Record Type 40 Field No. 4, Positions 1-2

Record Type 10 Field No. 2, Positions 1-2

Record Type 95 Field No. 5, Position 1-2 (Batch Control)

REQUIRED	CLM05 - 2	1332	**Facility Code Qualifier** Code identifying the type of facility referenced	O	ID	1/2

CODE	DEFINITION
A	**Uniform Billing Claim Form Bill Type** ~~**For position one of code acceptable values are 1, 7, & 8.**~~ ~~**For position two of code acceptable values are 1, 2, 3, & 5.**~~

CODE SOURCE **236:** Uniform Billing Claim Form Bill Type

REQUIRED	CLM05 - 3	1325	**Claim Frequency Type Code** Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type	O	ID	1/1

CODE SOURCE **235:** Claim Frequency Type Code

UB-92 Reference [UB-92 Name]:

4, Position 3 [Type of Bill]

EMC v.6.0 Reference:

Record Type 40 Field No. 4, Position 3
Record Type 10 Field No. 2, Position 3
Record Type 95 Field No. 5, Position 3 (Batch Control)

NOT USED	CLM06	1073	Yes/No Condition or Response Code	O	ID	1/1
NOT USED	CLM07	1359	Provider Accept Assignment Code	O	ID	1/1
NOT USED	CLM08	1073	Yes/No Condition or Response Code	O	ID	1/1
NOT USED	CLM09	1363	Release of Information Code	O	ID	1/1
NOT USED	CLM10	1351	Patient Signature Source Code	O	ID	1/1
NOT USED	CLM11	C024	RELATED CAUSES INFORMATION	O		
NOT USED	CLM12	1366	Special Program Code	O	ID	2/3
NOT USED	CLM13	1073	Yes/No Condition or Response Code	O	ID	1/1
NOT USED	CLM14	1338	Level of Service Code	O	ID	1/3
NOT USED	CLM15	1073	Yes/No Condition or Response Code	O	ID	1/1
NOT USED	CLM16	1360	Provider Agreement Code	O	ID	1/1
NOT USED	CLM17	1029	Claim Status Code	O	ID	1/2
NOT USED	CLM18	1073	Yes/No Condition or Response Code	O	ID	1/1
NOT USED	CLM19	1383	Claim Submission Reason Code	O	ID	2/2
NOT USED	CLM20	1514	Delay Reason Code	O	ID	1/2

IMPLEMENTATION

DISCHARGE HOUR

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **The dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.**

2. **This segment is required on all final inpatient claims/encounters.**

Example: **DTP*096*TM*1130~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 1350

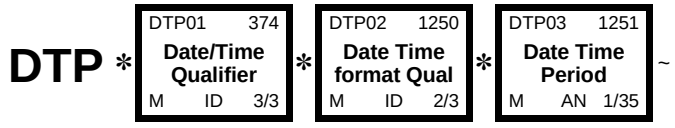
Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**
			CODE: **096** — DEFINITION: **Discharge**	
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.	**M ID 2/3**
			CODE: **TM** — DEFINITION: **Time Expressed in Format HHMM**	

REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**M**	**AN**	**1/35**

UB-92 Reference [UB-92 Name]:

21 [Discharge Hour]

EMC v.6.0 Reference:

Record Type 20 Field No. 22

IMPLEMENTATION

STATEMENT DATES

Loop: **2300 — CLAIM INFORMATION**

Usage: **REQUIRED**

Repeat: **1**

Example: **DTP*434*RD8*19981209-19981214~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 1350

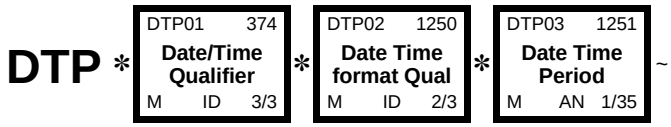
Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**
			CODE / **DEFINITION** **434** — **Statement**	
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **SEMANTIC:** DTP02 is the date or time or period format that will appear in DTP03.	**M ID 2/3**
			CODE / **DEFINITION** **D8** — **Date Expressed in Format CCYYMMDD** **RD8** — **Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD** **Use RD8 in DTP02 if it is necessary to indicate begin/end for from/to statement dates.**	

REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**M**	**AN**	**1/35**

UB-92 Reference [UB-92 Name]:

6 (From) and (Through) [Statement Covers Period]

EMC v.6.0 Reference:

Record Type 20 Field No. 19, 20

IMPLEMENTATION

ADMISSION DATE/HOUR

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **The dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.**

2. **This segment is required on all Inpatient claims.**

Example: **DTP*435*DT*199610131242~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 1350

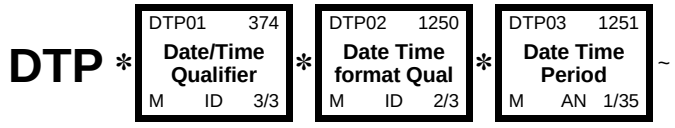
Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**
			CODE: **435** — DEFINITION: **Admission**	
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.	**M ID 2/3**
			CODE: **DT** — DEFINITION: **Date and Time Expressed in Format CCYYMMDDHHMM**	

REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**M**	**AN**	**1/35**

UB-92 Reference [UB-92 Name]:

17 [Admission/Start of Care Date]

18 [Admission Hour]

EMC v.6.0 Reference:

Record Type 20 Field No. 17 (Admission Date)

Record Type 20 Field No. 18 (Admission Hour)

IMPLEMENTATION

INSTITUTIONAL CLAIM CODE

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. This segment is required when reporting hospital based admission and Medicare outpatient registrations on claims/encounters. It may be used when provider wishes to communicate this information on non-Medicare outpatient claims/encounters.**

Example: **CL1*1*7*30~**

STANDARD

CL1 Claim Codes

Level: Detail

Position: 1400

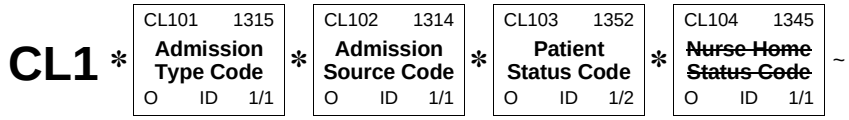
Loop: 2300

Requirement: Optional

Max Use: 1

Purpose: To supply information specific to hospital claims

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	**CL101**	**1315**	**Admission Type Code** Code indicating the priority of this admission **CODE SOURCE 231:** Admission Type Code **UB-92 Reference [UB-92 Name]:** **19 [Type of Admission]** **EMC v.6.0 Reference:** **Record Type 20 Field No. 10** **Required when patient is being admitted to the hospital for inpatient services.**	**O ID 1/1**

SITUATIONAL	**CL102**	**1314**	**Admission Source Code** Code indicating the source of this admission CODE SOURCE **230:** Admission Source Code **UB-92 Reference [UB-92 Name]:** **20 [Source of Admission]** **EMC v.6.0 Reference:** **Record Type 20 Field No. 11** **Required for all inpatient admissions. Required on Medicare outpatient registrations for diagnostic testing services.**	**O**	**ID**	**1/1**
SITUATIONAL	**CL103**	**1352**	**Patient Status Code** Code indicating patient status as of the "statement covers through date" CODE SOURCE **239:** Patient Status Code **UB-92 Reference [UB-92 Name]:** **22 [Patient Status]** **EMC v.6.0 Reference:** **Record Type 20 Field No. 21** **This element is required for inpatient claims/encounters.**	**O**	**ID**	**1/2**
NOT USED	**CL104**	**1345**	**Nursing Home Residential Status Code**	**O**	**ID**	**1/1**

IMPLEMENTATION

CLAIM SUPPLEMENTAL INFORMATION

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **10**

Notes:

1. **The PWK segment is required if there is paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope.**

2. **The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.**

3. **The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but that is not being sent with the claim. Use code AA in PWK02 to convey this specific use of the PWK segment. See element note under PWK02, code AA.**

Example: **PWK*AS*BM***AC*DMN0012~**

STANDARD

PWK Paperwork

Level: Detail

Position: 1550

Loop: 2300

Requirement: Optional

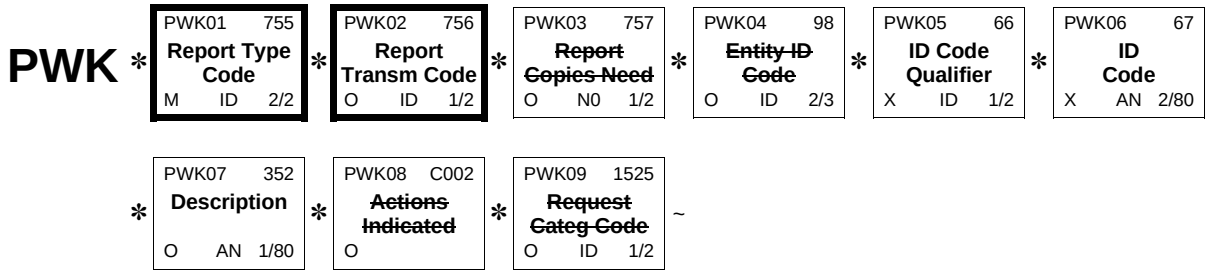
Max Use: 10

Purpose: To identify the type or transmission or both of paperwork or supporting information

Syntax:

1. **P0506**
   If either PWK05 or PWK06 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PWK01	755	**Report Type Code** Code indicating the title or contents of a document, report or supporting item	M ID 2/2

CODE	DEFINITION
AS	Admission Summary
B2	Prescription
B3	Physician Order
B4	Referral Form
CT	Certification
DA	Dental Models
DG	Diagnostic Report
DS	Discharge Summary
EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)
MT	Models
NN	Nursing Notes
OB	Operative Note
OZ	Support Data for Claim
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PZ	Physical Therapy Certification
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PWK02	756	**Report Transmission Code** Code defining timing, transmission method or format by which reports are to be sent	O ID 1/2

CODE	DEFINITION
EL	Electronically Only

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
NOT USED	PWK03	757	**Report Copies Needed**	O N0 1/2
NOT USED	PWK04	98	**Entity Identifier Code**	O ID 2/3

SITUATIONAL	**PWK05**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** P0506 **COMMENT:** PWK05 and PWK06 may be used to identify the addressee by a code number. **This data element is required when PWK02 DOES NOT equal 'AA'. Can be used when PWK02 equals 'AA' if the Provider wants to send a document control number for an attachment remaining at the Providers office.**	**X**	**ID**	**1/2**
			CODE **DEFINITION** **AC** **Attachment Control Number**			
SITUATIONAL	**PWK06**	**67**	**Identification Code** Code identifying a party or other code **SYNTAX:** P0506 **Required if PWK02 equals BM, EL, EM or FX.**	**X**	**AN**	**2/80**
SITUATIONAL	**PWK07**	**352**	**Description** A free-form description to clarify the related data elements and their content **ADVISORY:** Under most circumstances, this element is not sent. **COMMENT:** PWK07 may be used to indicate special information to be shown on the specified report. **This data element is used to add any additional information about the attachment described in this segment.**	**O**	**AN**	**1/80**
NOT USED	**PWK08**	**C002**	**ACTIONS INDICATED** **ADVISORY:** Under most circumstances, this composite is not sent.	**O**		
NOT USED	**PWK09**	**1525**	**Request Category Code**	**O**	**ID**	**1/2**

IMPLEMENTATION

PAYER ESTIMATED AMOUNT DUE

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.**

2. **This segment is required when the Payer Estimated Amount Due is applicable to this claim.**

Example: **AMT*C5*14523.1~**

STANDARD

AMT Monetary Amount

Level: Detail

Position: 1750

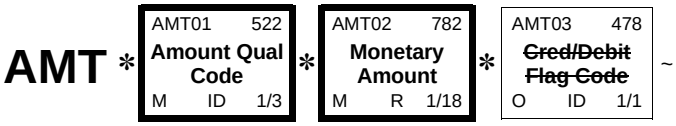
Loop: 2300

Requirement: Optional

Max Use: 40

Purpose: To indicate the total monetary amount

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**AMT01**	**522**	**Amount Qualifier Code** Code to qualify amount CODE / DEFINITION **C5** — **Claim Amount Due - Estimated**	**M**	**ID**	**1/3**
REQUIRED	**AMT02**	**782**	**Monetary Amount** Monetary amount **UB-92 Reference [UB-92 Name]:** **55 (A-C) [Estimated Amount Due]** **EMC v.6.0 Reference:** **Record Type 30 Field No. 26**	**M**	**R**	**1/18**

NOT USED	AMT03	478	Credit/Debit Flag Code	O	ID	1/1

IMPLEMENTATION

PATIENT ESTIMATED AMOUNT DUE

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.**

2. **This segment is required when the Patient Responsibility Amount is applicable to this claim.**

Example: **AMT*F3*123~**

STANDARD

AMT Monetary Amount

Level: Detail

Position: 1750

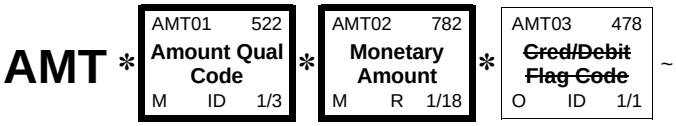
Loop: 2300

Requirement: Optional

Max Use: 40

Purpose: To indicate the total monetary amount

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**AMT01**	**522**	**Amount Qualifier Code** Code to qualify amount	**M**	**ID**	**1/3**
			CODE / DEFINITION			
			F3 — Patient Responsibility - Estimated			
REQUIRED	**AMT02**	**782**	**Monetary Amount** Monetary amount	**M**	**R**	**1/18**
			UB-92 Reference [UB-92 Name]:			
			55, Patient Line [Estimated Amount Due]			
			EMC v.6.0 Reference:			
			Record Type 20 Field No. 24			

NOT USED	AMT03	478	Credit/Debit Flag Code	O	ID	1/1

IMPLEMENTATION

MEDICAL RECORD NUMBER

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Required if provider needs to identify for future inquiries the actual medical record of the patient identified in either Loop ID - 2010BA or 2010CA for this episode of care.**

2. ~~**Used if provider will utilize this information in a 276 - Claim Status Inquiry in order to receive and process a 277 -Claim Status Response.**~~

Example: **REF*EA*1230484376R~**

STANDARD

REF Reference Identification

Level: Detail

Position: 1800

Loop: 2300

Requirement: Optional

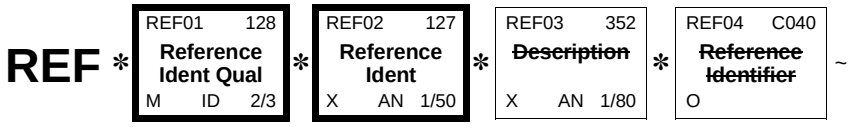
Max Use: 30

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**
			CODE / DEFINITION **EA — Medical Record Identification Number**	
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 **EMC v.6.0 Reference:** **Record Type 20 Field No. 25 (Medical Record Number)**	**X AN 1/50**

NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O		

IMPLEMENTATION

MOTHER'S MEDICAL RECORD NUMBER FOR NEWBORNS

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **1**

STANDARD

REF Reference Identification

Level: Detail

Position: 1800

Loop: 2300

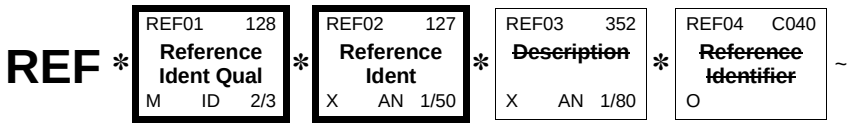
Requirement: Optional

Max Use: 30

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M**	**ID**	**2/3**
			MRN Medical Record Number			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203	**X**	**AN**	**1/50**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

FILE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 10

Notes:

1. **At the time of publication K3 segments have no specific use. However, they have been included in this implementation guide to be used as an emergency kludge (fix-it) in the case of an unexpected data requirement by a state or federal regulatory authority.**

2. **This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.**

3. ~~**The Reporting Implementation Guide may need additional NTE segments defined. This will be a discussion item for users of guide.**~~

STANDARD

K3 File Information

Level: Detail

Position: 1850

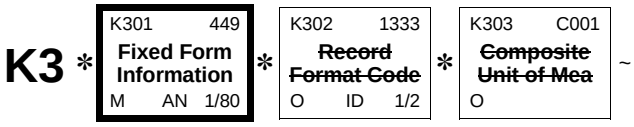
Loop: 2300

Requirement: Optional

Max Use: 10

Purpose: To transmit a fixed-format record or matrix contents

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	K301	449	**Fixed Format Information** Data in fixed format agreed upon by sender and receiver	M	AN	1/80
NOT USED	K302	1333	**Record Format Code**	O	ID	1/2
NOT USED	K303	C001	**COMPOSITE UNIT OF MEASURE**	O		

IMPLEMENTATION

CLAIM NOTE

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 10

Notes:

1. Information in the NTE segment in Loop ID-2300 applies to the entire claim ~~unless overridden by information in the NTE segment in Loop ID-2400. Information is considered to be overridden when the value in NTE01 in Loop ID-2400 is the same as the value in NTE01 in Loop ID-2300.~~

   The developers of this implementation guide discourage using narrative information within the 837. Trading partners who require narrative information with claims are encouraged to codify that information within the X12 environment.

2. ~~Home Health Corresponding Data~~
   ~~This segment is used to convey Home Health narrative information from the forms "Home Health Certification and Plan of Treatment" and "Medical Update and Patient Information."~~

2. Required only when provider deems it necessary to transmit information not otherwise supported in this implementation.

4. ~~The Reporting Implementation Guide may need additional NTE segments defined. This will be a discussion item for users of guide.~~

Example: NTE*DGN*PATIENT REQUIRES TUBE FEEDING~

STANDARD

NTE Note/Special Instruction

Level: Detail

Position: 1900

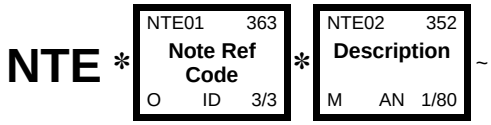
Loop: 2300

Requirement: Optional

Max Use: 20

Purpose: To transmit information in a free-form format, if necessary, for comment or special instruction

DIAGRAM



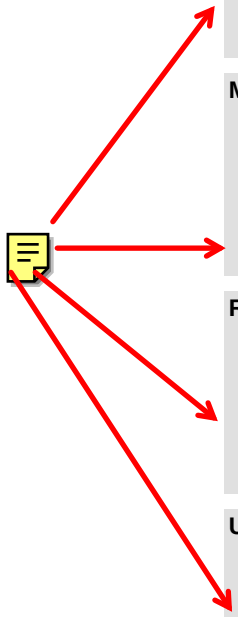
ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NTE01	363	**Note Reference Code** Code identifying the functional area or purpose for which the note applies	O ID 3/3

EMC v.6.0 Reference:

Record Type 73 Field No. 5

CODE	DEFINITION
DGN	**Diagnosis Description** **Used in Reporting Guide - ~~may be- choice NTE or K3 or both~~ for use with emergency state legislated requirements (i.e. CMR extra).**
MED	**Medications** EMC v.6.0 Reference: **Record Type 73 Field No. 5 Code 48510** **Used in Reporting Guide - ~~may be - choice NTE or K3 or both~~ for use with emergency state legislated requirements (i.e. registries ??).**
RHB	**Functional Limitations, Reason Homebound, or Both** EMC v.6.0 Reference: **Record Type 73 Field No. 5 Code 48617** **Used in Reporting Guide - ~~may be - choice NTE or K3 or both~~ for use with emergency state legislated requirements (i.e. Functional Status ??).**
UPI	**Updated Information** EMC v.6.0 Reference: **Record Type 73 Field No. 5 Code 48616** **Used in Reporting Guide - ~~may be - choice NTE or K3 or both~~ for use with emergency state legislated requirements (NJ's needs).**



REQUIRED	NTE02	352	**Description** A free-form description to clarify the related data elements and their content	M AN 1/80

UB-92 Reference [UB-92 Name]:

84 [Remarks]

EMC v.6.0 Reference:

Record Type 73 Field No. 6

Used in Reporting Guide - maybe - choice NTE or K3 or both for use with emergency state legislated requirements.

IMPLEMENTATION

PRINCIPAL, ADMITTING, E-CODE, PATIENT REASON FOR VISIT DIAGNOSIS INFORMATION, AND OTHER E-CODES

Loop: 2300 — CLAIM INFORMATION

Usage: REQUIRED

Repeat: 1

Notes:

1. **The Principal Diagnosis is required on all inpatient and oupatient claims.**
2. **The Admitting Diagnosis is required on all inpatient admission claims and encounters.**
3. **An E-Code diagnosis is required whenever a diagnosis is needed to describe an injury, poisoning or adverse effect.**
4. **The Patient Reason for Visit Diagnosis is required for all unscheduled outpatient visits.**

Example: HI*BK:9976~

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 2310

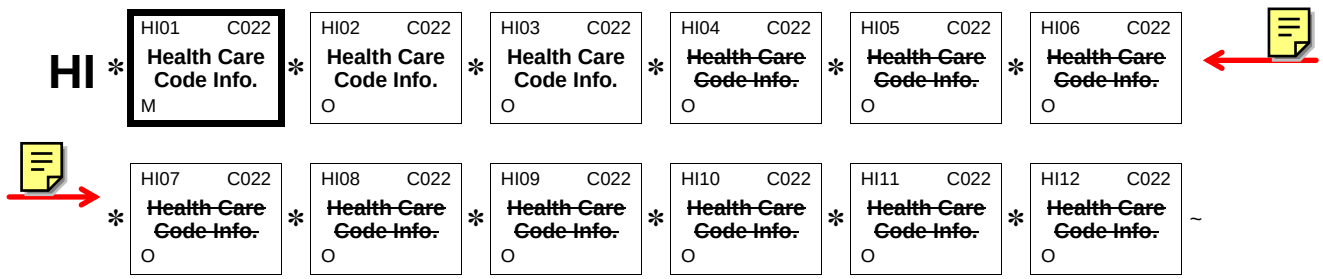
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code**	**M ID 1/3**

Code identifying a specific industry code list

CODE	DEFINITION
BK	**Principal Diagnosis** CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI01 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30
				UB-92 Reference [UB-92 Name]: **67 [Principal Diagnosis Code]** **EMC v.6.0 Reference:** **Record Type 70 Field No. 4**			
NOT USED	HI01 - 3		1250	**Date Time Period Format Qualifier**	X	ID	2/3
NOT USED	HI01 - 4		1251	**Date Time Period**	X	AN	1/35
NOT USED	HI01 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI01 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI01 - 7		799	**Version Identifier**	O	AN	1/30
NOT USED	HI01 - 8		1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI01 - 9		1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI02	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		

Required for all unscheduled outpatient visits or upon the patient's admission to the hosptial.

REQUIRED	HI02 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3
				ZZ used to indicate the "Patient Reason For Visit."			

CODE	DEFINITION
BJ	**Admitting Diagnosis** CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
PR	**Patient Reason for Visit** ~~**ZZ used to indicate the "Patient Reason For Visit." See Code Source 131.**~~ **Used on Outpatient stays.**

REQUIRED	HI02 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30
				UB-92 Reference [UB-92 Name]: **76 [Admitting Diagnosis/Patients Reason for Visit]** **EMC v.6.0 Reference:** **Record Type 70 Field No. 25**			
NOT USED	HI02 - 3		1250	**Date Time Period Format Qualifier**	X	ID	2/3

NOT USED	HI02 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI02 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI02 - 6		380	Quantity	O	R	1/15
NOT USED	HI02 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI02 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI02 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI03	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities		O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BN	United States Department of Health and Human Services, Office of Vital Statistics E-code
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

77 [External Cause of Injury Code (E-code)]

EMC v.6.0 Reference:

Record Type 70 Field No. 26

NOT USED	HI03 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI03 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI03 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI03 - 6		380	Quantity	O	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI03 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI03 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI04	C022	HEALTH CARE CODE INFORMATION		O		
SITUATIONAL	HI05	C022	HEALTH CARE CODE INFORMATION		O		
SITUATIONAL	HI06	C022	HEALTH CARE CODE INFORMATION		O		
SITUATIONAL	HI07	C022	HEALTH CARE CODE INFORMATION		O		
NOT USED	HI08	C022	HEALTH CARE CODE INFORMATION		O		
NOT USED	HI09	C022	HEALTH CARE CODE INFORMATION		O		
NOT USED	HI10	C022	HEALTH CARE CODE INFORMATION		O		
NOT USED	HI11	C022	HEALTH CARE CODE INFORMATION		O		
NOT USED	HI12	C022	HEALTH CARE CODE INFORMATION		O		

IMPLEMENTATION

OTHER DIAGNOSIS INFORMATION

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **2**

Notes: **1. Required when other condition(s) co-exists with the principal diagnosis, co-exists at the time of admission or develops subsequently during the patient's treatment.**

Example: **HI*BF:V9782~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 2310

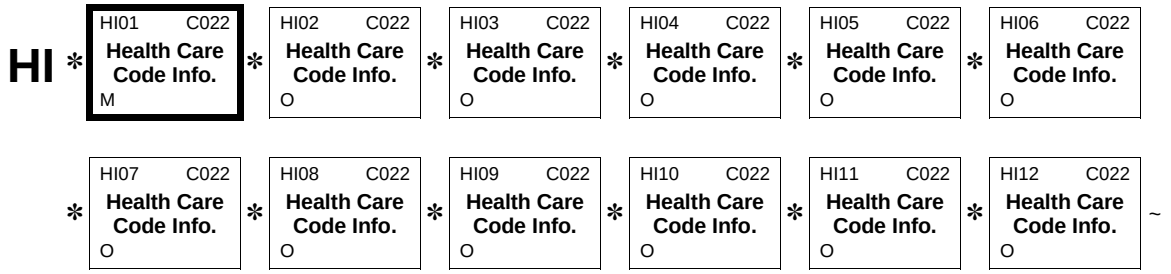
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M ID 1/3**
			CODE **DEFINITION** **BF** **Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	
REQUIRED	**HI01 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list **UB-92 Reference [UB-92 Name]:**	**M AN 1/30**

				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12			
NOT USED	**HI01 - 3**		**1250**	**Date Time Period Format Qualifier**	**X**	**ID**	**2/3**
NOT USED	**HI01 - 4**		**1251**	**Date Time Period**	**X**	**AN**	**1/35**
NOT USED	**HI01 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI01 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI01 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
NOT USED	**HI01 - 8**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**X**	**AN**	**1/30**
SITUATIONAL	**HI01 - 9**		**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**X**	**ID**	**1/1**
SITUATIONAL	**HI02**	**C022**		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**		
				Used when necessary to report multiple additional co-existing conditions.			
REQUIRED	**HI02 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**
				CODE: **BF** — DEFINITION: **Diagnosis** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	**HI02 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12			
NOT USED	**HI02 - 3**		**1250**	**Date Time Period Format Qualifier**	**X**	**ID**	**2/3**

NOT USED	HI02 - 4	1251	Date Time Period	X	AN	1/35	
NOT USED	HI02 - 5	782	Monetary Amount	O	R	1/18	
NOT USED	HI02 - 6	380	Quantity	O	R	1/15	
NOT USED	HI02 - 7	799	Version Identifier	O	AN	1/30	
NOT USED	HI02 - 8	1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30	
SITUATIONAL	HI02 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1	

SITUATIONAL HI03 C022 **HEALTH CARE CODE INFORMATION** O

To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI03 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3	

CODE	DEFINITION
BF	Diagnosis

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI03 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30	

UB-92 Reference [UB-92 Name]:

68 [Other Diagnoses Codes]
69 [Other Diagnoses Codes]
70 [Other Diagnoses Codes]
71 [Other Diagnoses Codes]
72 [Other Diagnoses Codes]
73 [Other Diagnoses Codes]
74 [Other Diagnoses Codes]
75 [Other Diagnoses Codes]

EMC v.6.0 Reference:

Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

NOT USED	HI03 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3	
NOT USED	HI03 - 4	1251	Date Time Period	X	AN	1/35	
NOT USED	HI03 - 5	782	Monetary Amount	O	R	1/18	
NOT USED	HI03 - 6	380	Quantity	O	R	1/15	
NOT USED	HI03 - 7	799	Version Identifier	O	AN	1/30	
NOT USED	HI03 - 8	1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30	
SITUATIONAL	HI03 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1	

SITUATIONAL HI04 C022 **HEALTH CARE CODE INFORMATION** O

To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI04 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BF	**Diagnosis** CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI04 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

68 [Other Diagnoses Codes]
69 [Other Diagnoses Codes]
70 [Other Diagnoses Codes]
71 [Other Diagnoses Codes]
72 [Other Diagnoses Codes]
73 [Other Diagnoses Codes]
74 [Other Diagnoses Codes]
75 [Other Diagnoses Codes]

EMC v.6.0 Reference:

Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

NOT USED	HI04 - 3		1250	**Date Time Period Format Qualifier**	X	ID	2/3
NOT USED	HI04 - 4		1251	**Date Time Period**	X	AN	1/35
NOT USED	HI04 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI04 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI04 - 7		799	**Version Identifier**	O	AN	1/30
NOT USED	HI04 - 8		1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
SITUATIONAL	HI04 - 9		1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI05	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI05 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BF	**Diagnosis** CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI05 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

68 [Other Diagnoses Codes]
69 [Other Diagnoses Codes]
70 [Other Diagnoses Codes]

71 [Other Diagnoses Codes]
72 [Other Diagnoses Codes]
73 [Other Diagnoses Codes]
74 [Other Diagnoses Codes]
75 [Other Diagnoses Codes]

EMC v.6.0 Reference:

Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

NOT USED	HI05 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI05 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI05 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI05 - 6		380	Quantity	O	R	1/15
NOT USED	HI05 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI05 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
SITUATIONAL	HI05 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI06	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI06 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BF	Diagnosis CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI06 - 2		1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

68 [Other Diagnoses Codes]
69 [Other Diagnoses Codes]
70 [Other Diagnoses Codes]
71 [Other Diagnoses Codes]
72 [Other Diagnoses Codes]
73 [Other Diagnoses Codes]
74 [Other Diagnoses Codes]
75 [Other Diagnoses Codes]

EMC v.6.0 Reference:

Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

NOT USED	HI06 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI06 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI06 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI06 - 6		380	Quantity	O	R	1/15

NOT USED	HI06 - 7		799	Version Identifier		O	AN	1/30
NOT USED	HI06 - 8		1271	Industry Code Code indicating a code from a specific industry code list		X	AN	1/30
SITUATIONAL	HI06 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response		X	ID	1/1
SITUATIONAL	HI07	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities			O		
			Used when necessary to report multiple additional co-existing conditions.					
REQUIRED	HI07 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list		M	ID	1/3

CODE	DEFINITION
BF	Diagnosis

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI07 - 2		1271	Industry Code Code indicating a code from a specific industry code list		M	AN	1/30

UB-92 Reference [UB-92 Name]:

68 [Other Diagnoses Codes]
69 [Other Diagnoses Codes]
70 [Other Diagnoses Codes]
71 [Other Diagnoses Codes]
72 [Other Diagnoses Codes]
73 [Other Diagnoses Codes]
74 [Other Diagnoses Codes]
75 [Other Diagnoses Codes]

EMC v.6.0 Reference:

Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

NOT USED	HI07 - 3		1250	Date Time Period Format Qualifier		X	ID	2/3
NOT USED	HI07 - 4		1251	Date Time Period		X	AN	1/35
NOT USED	HI07 - 5		782	Monetary Amount		O	R	1/18
NOT USED	HI07 - 6		380	Quantity		O	R	1/15
NOT USED	HI07 - 7		799	Version Identifier		O	AN	1/30
NOT USED	HI07 - 8		1271	Industry Code Code indicating a code from a specific industry code list		X	AN	1/30
SITUATIONAL	HI07 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response		X	ID	1/1
SITUATIONAL	HI08	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities			O		
			Used when necessary to report multiple additional co-existing conditions.					
REQUIRED	HI08 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list		M	ID	1/3

CODE	DEFINITION

			BF	**Diagnosis**				
				CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
REQUIRED	**HI08 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**	
				UB-92 Reference [UB-92 Name]:				
				68 [Other Diagnoses Codes] **69 [Other Diagnoses Codes]** **70 [Other Diagnoses Codes]** **71 [Other Diagnoses Codes]** **72 [Other Diagnoses Codes]** **73 [Other Diagnoses Codes]** **74 [Other Diagnoses Codes]** **75 [Other Diagnoses Codes]**				
				EMC v.6.0 Reference:				
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12				
NOT USED	**HI08 - 3**		**1250**	**Date Time Period Format Qualifier**	**X**	**ID**	**2/3**	
NOT USED	**HI08 - 4**		**1251**	**Date Time Period**	**X**	**AN**	**1/35**	
NOT USED	**HI08 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**	
NOT USED	**HI08 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**	
NOT USED	**HI08 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**	
NOT USED	**HI08 - 8**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**X**	**AN**	**1/30**	
SITUATIONAL	**HI08 - 9**		**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**X**	**ID**	**1/1**	
SITUATIONAL	**HI09**	**C022**		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**			
				Used when necessary to report multiple additional co-existing conditions.				
REQUIRED	**HI09 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**	
				CODE / DEFINITION				
			BF	**Diagnosis**				
				CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
REQUIRED	**HI09 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**	
				UB-92 Reference [UB-92 Name]:				
				68 [Other Diagnoses Codes] **69 [Other Diagnoses Codes]** **70 [Other Diagnoses Codes]** **71 [Other Diagnoses Codes]** **72 [Other Diagnoses Codes]** **73 [Other Diagnoses Codes]**				

74 [Other Diagnoses Codes]
75 [Other Diagnoses Codes]

EMC v.6.0 Reference:

Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

NOT USED	HI09 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3	
NOT USED	HI09 - 4	1251	Date Time Period	X	AN	1/35	
NOT USED	HI09 - 5	782	Monetary Amount	O	R	1/18	
NOT USED	HI09 - 6	380	Quantity	O	R	1/15	
NOT USED	HI09 - 7	799	Version Identifier	O	AN	1/30	
NOT USED	HI09 - 8	1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30	
SITUATIONAL	HI09 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1	

SITUATIONAL	HI10	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O			

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI10 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3	

CODE	DEFINITION
BF	Diagnosis CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI10 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30	

UB-92 Reference [UB-92 Name]:

68 [Other Diagnoses Codes]
69 [Other Diagnoses Codes]
70 [Other Diagnoses Codes]
71 [Other Diagnoses Codes]
72 [Other Diagnoses Codes]
73 [Other Diagnoses Codes]
74 [Other Diagnoses Codes]
75 [Other Diagnoses Codes]

EMC v.6.0 Reference:

Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

NOT USED	HI10 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3	
NOT USED	HI10 - 4	1251	Date Time Period	X	AN	1/35	
NOT USED	HI10 - 5	782	Monetary Amount	O	R	1/18	
NOT USED	HI10 - 6	380	Quantity	O	R	1/15	
NOT USED	HI10 - 7	799	Version Identifier	O	AN	1/30	
NOT USED	HI10 - 8	1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30	

SITUATIONAL	HI10 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1	

SITUATIONAL	HI11	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O			

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI11 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3	

CODE	DEFINITION
BF	Diagnosis

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI11 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30	

UB-92 Reference [UB-92 Name]:

68 [Other Diagnoses Codes]
69 [Other Diagnoses Codes]
70 [Other Diagnoses Codes]
71 [Other Diagnoses Codes]
72 [Other Diagnoses Codes]
73 [Other Diagnoses Codes]
74 [Other Diagnoses Codes]
75 [Other Diagnoses Codes]

EMC v.6.0 Reference:

Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

NOT USED	HI11 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3	
NOT USED	HI11 - 4	1251	Date Time Period	X	AN	1/35	
NOT USED	HI11 - 5	782	Monetary Amount	O	R	1/18	
NOT USED	HI11 - 6	380	Quantity	O	R	1/15	
NOT USED	HI11 - 7	799	Version Identifier	O	AN	1/30	
NOT USED	HI11 - 8	1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30	
SITUATIONAL	HI11 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1	

SITUATIONAL	HI12	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O			

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI12 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3	

CODE	DEFINITION
BF	Diagnosis

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI12 - 2	1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

68 [Other Diagnoses Codes]
69 [Other Diagnoses Codes]
70 [Other Diagnoses Codes]
71 [Other Diagnoses Codes]
72 [Other Diagnoses Codes]
73 [Other Diagnoses Codes]
74 [Other Diagnoses Codes]
75 [Other Diagnoses Codes]

EMC v.6.0 Reference:

Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

NOT USED	HI12 - 3	1250	**Date Time Period Format Qualifier**	X	ID	2/3
NOT USED	HI12 - 4	1251	**Date Time Period**	X	AN	1/35
NOT USED	HI12 - 5	782	**Monetary Amount**	O	R	1/18
NOT USED	HI12 - 6	380	**Quantity**	O	R	1/15
NOT USED	HI12 - 7	799	**Version Identifier**	O	AN	1/30
NOT USED	HI12 - 8	1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
SITUATIONAL	HI12 - 9	1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1

IMPLEMENTATION

PRINCIPAL PROCEDURE INFORMATION

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Required on Home IV therapy claims or encounters when surgery was performed during the inpatient stay from which the course of therapy was initiated.**
2. **Required on inpatient claims or encounters when a procedure was performed.**

Example: **HI*BR:92795:D8:19980321~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 2310

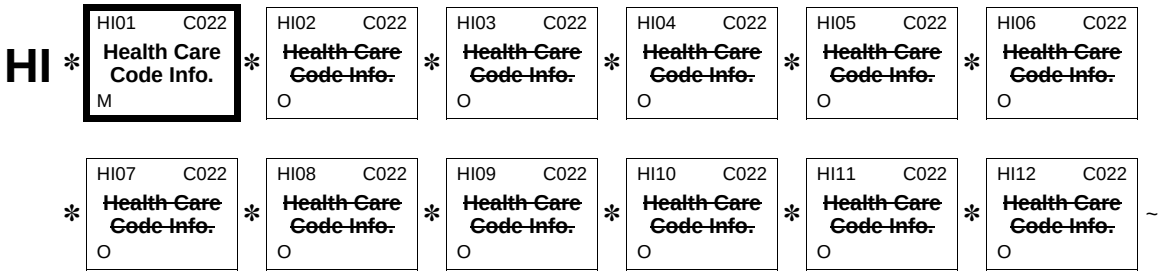
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**M**
REQUIRED	**HI01 - 1**		**1270 Code List Qualifier Code** Code identifying a specific industry code list	**M ID 1/3**

CODE	DEFINITION
BP	**Health Care Financing Administration Common Procedural Coding System Principal Procedure**

CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System

				BR	**International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	**HI01 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**
				UB-92 Reference [UB-92 Name]: **80 [Principal Procedure Code and Date]** **EMC v.6.0 Reference:** **Record Type 70 Field No. 13**			
SITUATIONAL	**HI01 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
				CODE / DEFINITION **D8** — **Date Expressed in Format CCYYMMDD** **Use code D8 when the value in composite data element HI01-1 equals "BR".**			
SITUATIONAL	**HI01 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times **UB-92 Reference [UB-92 Name]:** **80, "DATE" field [Principal Procedure Code and Date]** **EMC v.6.0 Reference:** **Record Type 70 Field No. 14** **Required when HI01-3 is used.**	**X**	**AN**	**1/35**
NOT USED	**HI01 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI01 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI01 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
NOT USED	**HI01 - 8**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**X**	**AN**	**1/30**
NOT USED	**HI01 - 9**		**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**X**	**ID**	**1/1**
NOT USED	**HI02**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
NOT USED	**HI03**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
NOT USED	**HI04**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
NOT USED	**HI05**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
NOT USED	**HI06**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
NOT USED	**HI07**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
NOT USED	**HI08**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
NOT USED	**HI09**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
NOT USED	**HI10**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
NOT USED	**HI11**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
NOT USED	**HI12**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		

IMPLEMENTATION

OTHER PROCEDURE INFORMATION

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **2**

Notes:

1. **Required on Home IV therapy claims or encounters when surgery was performed during the inpatient stay from which the course of therapy was initiated.**

2. **Required on inpatient claims or encounters when additional procedures must be reported.**

Example: **HI*BQ:92795:D8:19980321~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 2310

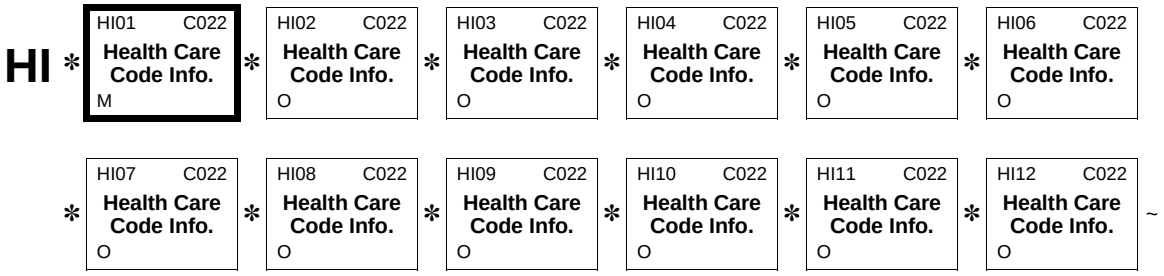
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M ID 1/3**

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **CODE SOURCE 130:** Health Care Financing Administration Common Procedural Coding System

				BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**			
					CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	**HI01 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**
				UB-92 Reference [UB-92 Name]:			
				81 (A-E) [Other Procedure Codes and Dates]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 15, 17, 19, 21, 23			
SITUATIONAL	**HI01 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
				Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.			
				CODE / DEFINITION			
				D8 — **Date Expressed in Format CCYYMMDD**			
SITUATIONAL	**HI01 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**
				UB-92 Reference [UB-92 Name]:			
				81 (A-E) [Other Procedure Codes and Dates]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 16, 18, 20, 22, 24			
NOT USED	**HI01 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI01 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI01 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
NOT USED	**HI01 - 8**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**X**	**AN**	**1/30**
NOT USED	**HI01 - 9**		**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**X**	**ID**	**1/1**
SITUATIONAL	**HI02**	**C022**		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**		
				Used when necessary to report multiple additional co-existing conditions.			
REQUIRED	**HI02 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**
				CODE / DEFINITION			
				BO — **Health Care Financing Administration Common Procedural Coding System**			
				CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System			
				BQ — **International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**			

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	**HI02 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL	**HI02 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL	**HI02 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 16, 18, 20, 22, 24

NOT USED	**HI02 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI02 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI02 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
NOT USED	**HI02 - 8**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**X**	**AN**	**1/30**
NOT USED	**HI02 - 9**		**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**X**	**ID**	**1/1**
SITUATIONAL	**HI03**	**C022**		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	**HI03 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	**HI03 - 2**		**1271**	**Industry Code**	**M**	**AN**	**1/30**

Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL **HI03 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI03 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 16, 18, 20, 22, 24

NOT USED **HI03 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI03 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI03 - 7** **799** **Version Identifier** **O AN 1/30**

NOT USED **HI03 - 8** **1271** **Industry Code** **X AN 1/30**
Code indicating a code from a specific industry code list

NOT USED **HI03 - 9** **1073** **Yes/No Condition or Response Code** **X ID 1/1**
Code indicating a Yes or No condition or response

SITUATIONAL **HI04** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED **HI04 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System**
	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI04 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL **HI04 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI04 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 16, 18, 20, 22, 24

NOT USED **HI04 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI04 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI04 - 7** **799** **Version Identifier** **O AN 1/30**

NOT USED **HI04 - 8** **1271** **Industry Code** **X AN 1/30**
Code indicating a code from a specific industry code list

NOT USED **HI04 - 9** **1073** **Yes/No Condition or Response Code** **X ID 1/1**
Code indicating a Yes or No condition or response

SITUATIONAL **HI05** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED **HI05 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System**
	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI05 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL	HI05 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	HI05 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 16, 18, 20, 22, 24

NOT USED	HI05 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI05 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI05 - 7		799	**Version Identifier**	O	AN	1/30
NOT USED	HI05 - 8		1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI05 - 9		1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI06	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI06 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI06 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL	HI06 - 3		1250	**Date Time Period Format Qualifier**	X	ID	2/3

Code indicating the date format, time format, or date and time format

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	HI06 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35
				UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates]			
				EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24			
NOT USED	HI06 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI06 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI06 - 7		799	**Version Identifier**	O	AN	1/30
NOT USED	HI06 - 8		1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI06 - 9		1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI07	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI07 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI07 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30
				UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates]			
				EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23			
SITUATIONAL	HI07 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL HI07 - 4 — 1251 **Date Time Period** — X AN 1/35
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 16, 18, 20, 22, 24

NOT USED HI07 - 5 — 782 **Monetary Amount** — O R 1/18

NOT USED HI07 - 6 — 380 **Quantity** — O R 1/15

NOT USED HI07 - 7 — 799 **Version Identifier** — O AN 1/30

NOT USED HI07 - 8 — 1271 **Industry Code** — X AN 1/30
Code indicating a code from a specific industry code list

NOT USED HI07 - 9 — 1073 **Yes/No Condition or Response Code** — X ID 1/1
Code indicating a Yes or No condition or response

SITUATIONAL HI08 C022 **HEALTH CARE CODE INFORMATION** — O
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED HI08 - 1 — 1270 **Code List Qualifier Code** — M ID 1/3
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED HI08 - 2 — 1271 **Industry Code** — M AN 1/30
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL HI08 - 3 — 1250 **Date Time Period Format Qualifier** — X ID 2/3
Code indicating the date format, time format, or date and time format

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL HI08 - 4 **1251** **Date Time Period** X AN 1/35
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 16, 18, 20, 22, 24

NOT USED HI08 - 5 **782** **Monetary Amount** O R 1/18

NOT USED HI08 - 6 **380** **Quantity** O R 1/15

NOT USED HI08 - 7 **799** **Version Identifier** O AN 1/30

NOT USED HI08 - 8 **1271** **Industry Code** X AN 1/30
Code indicating a code from a specific industry code list

NOT USED HI08 - 9 **1073** **Yes/No Condition or Response Code** X ID 1/1
Code indicating a Yes or No condition or response

SITUATIONAL HI09 C022 **HEALTH CARE CODE INFORMATION** O
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED HI09 - 1 **1270** **Code List Qualifier Code** M ID 1/3
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED HI09 - 2 **1271** **Industry Code** M AN 1/30
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL HI09 - 3 **1250** **Date Time Period Format Qualifier** X ID 2/3
Code indicating the date format, time format, or date and time format

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	HI09 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35
				UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates]			
				EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24			
NOT USED	HI09 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI09 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI09 - 7		799	**Version Identifier**	O	AN	1/30
NOT USED	HI09 - 8		1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI09 - 9		1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI10	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI10 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI10 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30
				UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates]			
				EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23			
SITUATIONAL	HI10 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL HI10 - 4 — **1251** **Date Time Period** — X AN 1/35
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 16, 18, 20, 22, 24

NOT USED HI10 - 5 — **782** **Monetary Amount** — O R 1/18

NOT USED HI10 - 6 — **380** **Quantity** — O R 1/15

NOT USED HI10 - 7 — **799** **Version Identifier** — O AN 1/30

NOT USED HI10 - 8 — **1271** **Industry Code** — X AN 1/30
Code indicating a code from a specific industry code list

NOT USED HI10 - 9 — **1073** **Yes/No Condition or Response Code** — X ID 1/1
Code indicating a Yes or No condition or response

SITUATIONAL HI11 — C022 **HEALTH CARE CODE INFORMATION** — O
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED HI11 - 1 — **1270** **Code List Qualifier Code** — M ID 1/3
Code identifying a specific industry code list

CODE	DEFINITION
BO	Health Care Financing Administration Common Procedural Coding System
	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED HI11 - 2 — **1271** **Industry Code** — M AN 1/30
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL HI11 - 3 — **1250** **Date Time Period Format Qualifier** — X ID 2/3
Code indicating the date format, time format, or date and time format

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL HI11 - 4 **1251 Date Time Period** X AN 1/35
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 16, 18, 20, 22, 24

NOT USED HI11 - 5 **782 Monetary Amount** O R 1/18

NOT USED HI11 - 6 **380 Quantity** O R 1/15

NOT USED HI11 - 7 **799 Version Identifier** O AN 1/30

NOT USED

Code indicating a code from a specific industry code list

NOT USED HI11 - 9 **1073 Yes/No Condition or Response Code** X ID 1/1
Code indicating a Yes or No condition or response

SITUATIONAL HI12 C022 **HEALTH CARE CODE INFORMATION** O
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED HI12 - 1 **1270 Code List Qualifier Code** M ID 1/3
Code identifying a specific industry code list

CODE	DEFINITION
BO	Health Care Financing Administration Common Procedural Coding System
	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED HI12 - 2 **1271 Industry Code** M AN 1/30
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL HI12 - 3 **1250 Date Time Period Format Qualifier** X ID 2/3
Code indicating the date format, time format, or date and time format

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

		CODE	DEFINITION			
		D8	**Date Expressed in Format CCYYMMDD**			
SITUATIONAL	**HI12 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**
			UB-92 Reference [UB-92 Name]: **81 (A-E) [Other Procedure Codes and Dates]**			
			EMC v.6.0 Reference: **Record Type 70 Field No. 16, 18, 20, 22, 24**			
NOT USED	**HI12 - 5**	**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI12 - 6**	**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI12 - 7**	**799**	**Version Identifier**	**O**	**AN**	**1/30**
NOT USED	**HI12 - 8**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**X**	**AN**	**1/30**
NOT USED	**HI12 - 9**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**X**	**ID**	**1/1**

IMPLEMENTATION

OCCURRENCE SPAN INFORMATION

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **2**

Notes: **1. Required when occurrence span information applies to the claim or encounter.**

Example: **HI*BI:70:RD8:19981202-19981212~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 2310

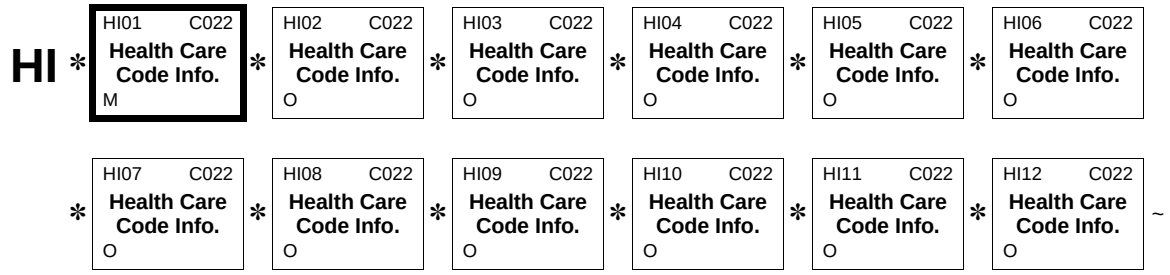
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M ID 1/3**
			CODE: **BI** — DEFINITION: **Occurrence Span** CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes	
REQUIRED	**HI01 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M AN 1/30**
			UB-92 Reference [UB-92 Name]: **36 (a-b) [Occurrence Span Code and Dates]**	

EMC v.6.0 Reference:

Record Type 40 Field No. 28, 29, 30, 31

REQUIRED **HI01 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

CODE	DEFINITION
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

REQUIRED **HI01 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 29, 30, 32, 33

NOT USED **HI01 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI01 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI01 - 7** **799** **Version Identifier** **O AN 1/30**

NOT USED **HI01 - 8** **1271** **Industry Code** **X AN 1/30**
Code indicating a code from a specific industry code list

NOT USED **HI01 - 9** **1073** **Yes/No Condition or Response Code** **X ID 1/1**
Code indicating a Yes or No condition or response

SITUATIONAL **HI02** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED **HI02 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BI	**Occurrence Span**

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED **HI02 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

36 (a-b) [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 28, 29, 30, 31

REQUIRED **HI02 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

CODE	DEFINITION
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

REQUIRED **HI02 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 29, 30, 32, 33

NOT USED	HI02 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI02 - 6		380	Quantity	O	R	1/15
NOT USED	HI02 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI02 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI02 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI03	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BI	Occurrence Span

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

36 (a-b) [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 28, 29, 30, 31, 32, 33

REQUIRED	HI03 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID	2/3

CODE	DEFINITION
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

REQUIRED	HI03 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

UB-92 Reference [UB-92 Name]:

36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 29, 30, 32, 33

NOT USED	HI03 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI03 - 6		380	Quantity	O	R	1/15

NOT USED	HI03 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI03 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI03 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI04	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O		
				Used when necessary to report multiple additional co-existing conditions.			
REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				CODE: **BI** — DEFINITION: **Occurrence Span** CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes			
REQUIRED	HI04 - 2		1271	Industry Code Code indicating a code from a specific industry code list **UB-92 Reference [UB-92 Name]:** **36 (a-b) [Occurrence Span Code and Dates]** **EMC v.6.0 Reference:** **Record Type 40 Field No. 28, 29, 30, 31, 32, 33**	M	AN	1/30
REQUIRED	HI04 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format CODE: **RD8** — DEFINITION: **Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**	X	ID	2/3
REQUIRED	HI04 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times **UB-92 Reference [UB-92 Name]:** **36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]** **EMC v.6.0 Reference:** **Record Type 40 Field No. 29, 30, 32, 33**	X	AN	1/35
NOT USED	HI04 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI04 - 6		380	Quantity	O	R	1/15
NOT USED	HI04 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI04 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI04 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI05	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O		
				Used when necessary to report multiple additional co-existing conditions.			

REQUIRED	HI05 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BI	**Occurrence Span** CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED	HI05 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

36 (a-b) [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 28, 29, 30, 31, 32, 33

REQUIRED	HI05 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

CODE	DEFINITION
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

REQUIRED	HI05 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

UB-92 Reference [UB-92 Name]:

36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 29, 30, 32, 33

NOT USED	HI05 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI05 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI05 - 7		799	**Version Identifier**	O	AN	1/30
NOT USED	HI05 - 8		1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI05 - 9		1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI06	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI06 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BI	**Occurrence Span** CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED	HI06 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

36 (a-b) [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 28, 29, 30, 31, 32, 33

REQUIRED **HI06 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

CODE	DEFINITION
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

REQUIRED **HI06 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 29, 30, 32, 33

NOT USED **HI06 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI06 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI06 - 7** **799** **Version Identifier** **O AN 1/30**

NOT USED **HI06 - 8** **1271** **Industry Code** **X AN 1/30**
Code indicating a code from a specific industry code list

NOT USED **HI06 - 9** **1073** **Yes/No Condition or Response Code** **X ID 1/1**
Code indicating a Yes or No condition or response

SITUATIONAL **HI07** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED **HI07 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BI	**Occurrence Span** **CODE SOURCE 132:** National Uniform Billing Committee (NUBC) Codes

REQUIRED **HI07 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

36 (a-b) [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 28, 29, 30, 31, 32, 33

REQUIRED **HI07 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

CODE	DEFINITION
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

REQUIRED	HI07 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35
				UB-92 Reference [UB-92 Name]:			
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]			
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI07 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI07 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI07 - 7		799	**Version Identifier**	O	AN	1/30
NOT USED	HI07 - 8		1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI07 - 9		1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI08	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		
				Used when necessary to report multiple additional co-existing conditions.			
REQUIRED	HI08 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3
				CODE — DEFINITION			
				BI — Occurrence Span			
				CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes			
REQUIRED	HI08 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30
				UB-92 Reference [UB-92 Name]:			
				36 (a-b) [Occurrence Span Code and Dates]			
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 28, 29, 30, 31, 32, 33			
REQUIRED	HI08 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3
				CODE — DEFINITION			
				RD8 — Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
REQUIRED	HI08 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35
				UB-92 Reference [UB-92 Name]:			
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]			
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI08 - 5		782	**Monetary Amount**	O	R	1/18

NOT USED	HI08 - 6		380	Quantity	O	R	1/15
NOT USED	HI08 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI08 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI08 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI09	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI09 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BI	Occurrence Span CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED	HI09 - 2		1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

36 (a-b) [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 28, 29, 30, 31, 32, 33

REQUIRED	HI09 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID	2/3

CODE	DEFINITION
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

REQUIRED	HI09 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

UB-92 Reference [UB-92 Name]:

36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 29, 30, 32, 33

NOT USED	HI09 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI09 - 6		380	Quantity	O	R	1/15
NOT USED	HI09 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI09 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI09 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI10	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	**HI10 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

CODE	DEFINITION
BI	**Occurrence Span**

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED	**HI10 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**

UB-92 Reference [UB-92 Name]:

36 (a-b) [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 28, 29, 30, 31, 32, 33

REQUIRED	**HI10 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**

CODE	DEFINITION
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

REQUIRED	**HI10 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**

UB-92 Reference [UB-92 Name]:

36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 29, 30, 32, 33

NOT USED	**HI10 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI10 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI10 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
NOT USED	**HI10 - 8**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**X**	**AN**	**1/30**
NOT USED	**HI10 - 9**		**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**X**	**ID**	**1/1**
SITUATIONAL	**HI11**	**C022**		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	**HI11 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

CODE	DEFINITION
BI	**Occurrence Span**

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED	**HI11 - 2**		**1271**	**Industry Code**	**M**	**AN**	**1/30**

Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

36 (a-b) [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 28, 29, 30, 31, 32, 33

REQUIRED **HI11 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

CODE	DEFINITION
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

REQUIRED **HI11 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]

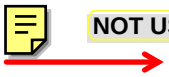
EMC v.6.0 Reference:

Record Type 40 Field No. 29, 30, 32, 33

NOT USED **HI11 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI11 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI11 - 7** **799** **Version Identifier** **O AN 1/30**



NOT USED **HI11 - 8** **1271** **Industry Code** **X AN 1/30**
Code indicating a code from a specific industry code list

NOT USED **HI11 - 9** **1073** **Yes/No Condition or Response Code** **X ID 1/1**
Code indicating a Yes or No condition or response

SITUATIONAL **HI12** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED **HI12 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BI	**Occurrence Span**
	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED **HI12 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

36 (a-b) [Occurrence Span Code and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 28, 29, 30, 31, 32, 33

REQUIRED **HI12 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

CODE	DEFINITION

		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
REQUIRED	HI12 - 4	1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35
			UB-92 Reference [UB-92 Name]: 36 (a-b), “FROM” and “THROUGH” fields [Occurrence Span Code and Dates]			
			EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI12 - 5	782	**Monetary Amount**	O	R	1/18
NOT USED	HI12 - 6	380	**Quantity**	O	R	1/15
NOT USED	HI12 - 7	799	**Version Identifier**	O	AN	1/30
NOT USED	HI12 - 8	1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI12 - 9	1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1

IMPLEMENTATION

OCCURRENCE INFORMATION

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **2**

Notes: **1. Required when occurrence information applies to the claim or encounter.**

Example: **HI*BH:42:D8:19981208~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 2310

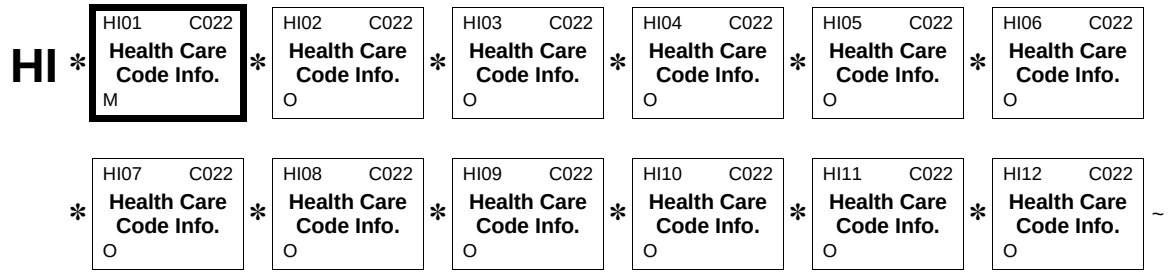
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M ID 1/3**
			CODE **DEFINITION** **BH** **Occurrence** **CODE SOURCE 132:** National Uniform Billing Committee (NUBC) Codes	
REQUIRED	**HI01 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list **UB-92 Reference [UB-92 Name]:** **32 (a-b) [Occurrence Codes and Dates]**	**M AN 1/30**

33 (a-b) [Occurrence Codes and Dates]
34 (a-b) [Occurrence Codes and Dates]
35 (a-b) [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED **HI01 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED **HI01 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

32 (a-b), "DATE" field [Occurrence Codes and Dates]
33 (a-b), "DATE" field [Occurrence Codes and Dates]
34 (a-b), "DATE" field [Occurrence Codes and Dates]
35 (a-b), "DATE" field [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED **HI01 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI01 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI01 - 7** **799** **Version Identifier** **O AN 1/30**

NOT USED **HI01 - 8** **1271** **Industry Code** **X AN 1/30**
Code indicating a code from a specific industry code list

NOT USED **HI01 - 9** **1073** **Yes/No Condition or Response Code** **X ID 1/1**
Code indicating a Yes or No condition or response

SITUATIONAL **HI02** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED **HI02 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BH	**Occurrence**

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED **HI02 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

32 (a-b) [Occurrence Codes and Dates]
33 (a-b) [Occurrence Codes and Dates]
34 (a-b) [Occurrence Codes and Dates]
35 (a-b) [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED **HI02 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED **HI02 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

32 (a-b), "DATE" field [Occurrence Codes and Dates]
33 (a-b), "DATE" field [Occurrence Codes and Dates]
34 (a-b), "DATE" field [Occurrence Codes and Dates]
35 (a-b), "DATE" field [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED **HI02 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI02 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI02 - 7** **799** **Version Identifier** **O AN 1/30**

NOT USED **HI02 - 8** **1271** **Industry Code** **X AN 1/30**
Code indicating a code from a specific industry code list

NOT USED **HI02 - 9** **1073** **Yes/No Condition or Response Code** **X ID 1/1**
Code indicating a Yes or No condition or response

SITUATIONAL **HI03** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED **HI03 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BH	**Occurrence**

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED **HI03 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

32 (a-b) [Occurrence Codes and Dates]
33 (a-b) [Occurrence Codes and Dates]
34 (a-b) [Occurrence Codes and Dates]
35 (a-b) [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED **HI03 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

CODE	DEFINITION

				D8	**Date Expressed in Format CCYYMMDD**			
REQUIRED	**HI03 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**
				UB-92 Reference [UB-92 Name]: **32 (a-b), "DATE" field [Occurrence Codes and Dates]** **33 (a-b), "DATE" field [Occurrence Codes and Dates]** **34 (a-b), "DATE" field [Occurrence Codes and Dates]** **35 (a-b), "DATE" field [Occurrence Codes and Dates]**			
				EMC v.6.0 Reference: **Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27**			
NOT USED	**HI03 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI03 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI03 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
NOT USED	**HI03 - 8**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**X**	**AN**	**1/30**
NOT USED				Code indicating a Yes or No condition or response			
SITUATIONAL	**HI04**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities		**O**		
				Used when necessary to report multiple additional co-existing conditions.			
REQUIRED	**HI04 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**
				CODE / **DEFINITION**			
				BH — **Occurrence**			
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes			
REQUIRED	**HI04 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**
				UB-92 Reference [UB-92 Name]: **32 (a-b) [Occurrence Codes and Dates]** **33 (a-b) [Occurrence Codes and Dates]** **34 (a-b) [Occurrence Codes and Dates]** **35 (a-b) [Occurrence Codes and Dates]**			
				EMC v.6.0 Reference: **Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26**			
REQUIRED	**HI04 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
				CODE / **DEFINITION**			
				D8 — **Date Expressed in Format CCYYMMDD**			
REQUIRED	**HI04 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**
				UB-92 Reference [UB-92 Name]:			

32 (a-b), "DATE" field [Occurrence Codes and Dates]
33 (a-b), "DATE" field [Occurrence Codes and Dates]
34 (a-b), "DATE" field [Occurrence Codes and Dates]
35 (a-b), "DATE" field [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED	HI04 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI04 - 6		380	Quantity	O	R	1/15
NOT USED	HI04 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI04 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI04 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI05	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI05 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BH	Occurrence

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED	HI05 - 2		1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

32 (a-b) [Occurrence Codes and Dates]
33 (a-b) [Occurrence Codes and Dates]
34 (a-b) [Occurrence Codes and Dates]
35 (a-b) [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED	HI05 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID	2/3

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

REQUIRED	HI05 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

UB-92 Reference [UB-92 Name]:

32 (a-b), "DATE" field [Occurrence Codes and Dates]
33 (a-b), "DATE" field [Occurrence Codes and Dates]
34 (a-b), "DATE" field [Occurrence Codes and Dates]
35 (a-b), "DATE" field [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED	HI05 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI05 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI05 - 7		799	**Version Identifier**	O	AN	1/30
NOT USED	HI05 - 8		1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI05 - 9		1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI06	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI06 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BH	**Occurrence** **CODE SOURCE 132:** National Uniform Billing Committee (NUBC) Codes

REQUIRED	HI06 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

32 (a-b) [Occurrence Codes and Dates]
33 (a-b) [Occurrence Codes and Dates]
34 (a-b) [Occurrence Codes and Dates]
35 (a-b) [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED	HI06 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED	HI06 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

UB-92 Reference [UB-92 Name]:

32 (a-b), "DATE" field [Occurrence Codes and Dates]
33 (a-b), "DATE" field [Occurrence Codes and Dates]
34 (a-b), "DATE" field [Occurrence Codes and Dates]
35 (a-b), "DATE" field [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED	HI06 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI06 - 6		380	**Quantity**	O	R	1/15

NOT USED	HI06 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI06 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI06 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI07	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O		
				Used when necessary to report multiple additional co-existing conditions.			
REQUIRED	HI07 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				CODE: **BH** — DEFINITION: **Occurrence** CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes			
REQUIRED	HI07 - 2		1271	Industry Code Code indicating a code from a specific industry code list **UB-92 Reference [UB-92 Name]:** **32 (a-b) [Occurrence Codes and Dates]** **33 (a-b) [Occurrence Codes and Dates]** **34 (a-b) [Occurrence Codes and Dates]** **35 (a-b) [Occurrence Codes and Dates]** **EMC v.6.0 Reference:** **Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26**	M	AN	1/30
REQUIRED	HI07 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID	2/3
				CODE: **D8** — DEFINITION: **Date Expressed in Format CCYYMMDD**			
REQUIRED	HI07 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times **UB-92 Reference [UB-92 Name]:** **32 (a-b), "DATE" field [Occurrence Codes and Dates]** **33 (a-b), "DATE" field [Occurrence Codes and Dates]** **34 (a-b), "DATE" field [Occurrence Codes and Dates]** **35 (a-b), "DATE" field [Occurrence Codes and Dates]** **EMC v.6.0 Reference:** **Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27**	X	AN	1/35
NOT USED	HI07 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI07 - 6		380	Quantity	O	R	1/15
NOT USED	HI07 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI07 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI07 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1

Code indicating a Yes or No condition or response

SITUATIONAL **HI08** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED **HI08 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BH	**Occurrence**

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED **HI08 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

32 (a-b) [Occurrence Codes and Dates]
33 (a-b) [Occurrence Codes and Dates]
34 (a-b) [Occurrence Codes and Dates]
35 (a-b) [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED **HI08 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED **HI08 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

32 (a-b), "DATE" field [Occurrence Codes and Dates]
33 (a-b), "DATE" field [Occurrence Codes and Dates]
34 (a-b), "DATE" field [Occurrence Codes and Dates]
35 (a-b), "DATE" field [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED **HI08 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI08 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI08 - 7** **799** **Version Identifier** **O AN 1/30**

NOT USED **HI08 - 8** **1271** **Industry Code** **X AN 1/30**
Code indicating a code from a specific industry code list

NOT USED **HI08 - 9** **1073** **Yes/No Condition or Response Code** **X ID 1/1**
Code indicating a Yes or No condition or response

SITUATIONAL **HI09** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED **HI09 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BH	**Occurrence**

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED **HI09 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

32 (a-b) [Occurrence Codes and Dates]
33 (a-b) [Occurrence Codes and Dates]
34 (a-b) [Occurrence Codes and Dates]
35 (a-b) [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED **HI09 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED **HI09 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

32 (a-b), "DATE" field [Occurrence Codes and Dates]
33 (a-b), "DATE" field [Occurrence Codes and Dates]
34 (a-b), "DATE" field [Occurrence Codes and Dates]
35 (a-b), "DATE" field [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED **HI09 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI09 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI09 - 7** **799** **Version Identifier** **O AN 1/30**

NOT USED **HI09 - 8** **1271** **Industry Code** **X AN 1/30**
Code indicating a code from a specific industry code list

NOT USED **HI09 - 9** **1073** **Yes/No Condition or Response Code** **X ID 1/1**
Code indicating a Yes or No condition or response

SITUATIONAL **HI10** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED **HI10 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BH	Occurrence

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED HI10 - 2 — 1271 **Industry Code** — M AN 1/30
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

32 (a-b) [Occurrence Codes and Dates]
33 (a-b) [Occurrence Codes and Dates]
34 (a-b) [Occurrence Codes and Dates]
35 (a-b) [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED HI10 - 3 — 1250 **Date Time Period Format Qualifier** — X ID 2/3
Code indicating the date format, time format, or date and time format

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

REQUIRED HI10 - 4 — 1251 **Date Time Period** — X AN 1/35
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

32 (a-b), "DATE" field [Occurrence Codes and Dates]
33 (a-b), "DATE" field [Occurrence Codes and Dates]
34 (a-b), "DATE" field [Occurrence Codes and Dates]
35 (a-b), "DATE" field [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED HI10 - 5 — 782 **Monetary Amount** — O R 1/18

NOT USED HI10 - 6 — 380 **Quantity** — O R 1/15

NOT USED HI10 - 7 — 799 **Version Identifier** — O AN 1/30

NOT USED HI10 - 8 — 1271 **Industry Code** — X AN 1/30
Code indicating a code from a specific industry code list

NOT USED HI10 - 9 — 1073 **Yes/No Condition or Response Code** — X ID 1/1
Code indicating a Yes or No condition or response

SITUATIONAL HI11 C022 — **HEALTH CARE CODE INFORMATION** — O
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED HI11 - 1 — 1270 **Code List Qualifier Code** — M ID 1/3
Code identifying a specific industry code list

CODE	DEFINITION
BH	Occurrence

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED	HI11 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

32 (a-b) [Occurrence Codes and Dates]
33 (a-b) [Occurrence Codes and Dates]
34 (a-b) [Occurrence Codes and Dates]
35 (a-b) [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED	HI11 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

REQUIRED	HI11 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

UB-92 Reference [UB-92 Name]:

32 (a-b), "DATE" field [Occurrence Codes and Dates]
33 (a-b), "DATE" field [Occurrence Codes and Dates]
34 (a-b), "DATE" field [Occurrence Codes and Dates]
35 (a-b), "DATE" field [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED	HI11 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI11 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI11 - 7		799	**Version Identifier**	O	AN	1/30
NOT USED	HI11 - 8		1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI11 - 9		1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI12	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI12 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BH	Occurrence

CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes

REQUIRED	HI12 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

32 (a-b) [Occurrence Codes and Dates]

33 (a-b) [Occurrence Codes and Dates]
34 (a-b) [Occurrence Codes and Dates]
35 (a-b) [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED **HI12 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED **HI12 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

32 (a-b), "DATE" field [Occurrence Codes and Dates]
33 (a-b), "DATE" field [Occurrence Codes and Dates]
34 (a-b), "DATE" field [Occurrence Codes and Dates]
35 (a-b), "DATE" field [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED **HI12 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI12 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI12 - 7** **799** **Version Identifier** **O** **AN** **1/30**

NOT USED **HI12 - 8** **1271** **Industry Code** **X** **AN** **1/30**
Code indicating a code from a specific industry code list

NOT USED **HI12 - 9** **1073** **Yes/No Condition or Response Code** **X** **ID** **1/1**
Code indicating a Yes or No condition or response

IMPLEMENTATION

VALUE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Notes: 1. Required when value information applies to the claim or encounter.

Example: HI*BE:08:::1740~

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 2310

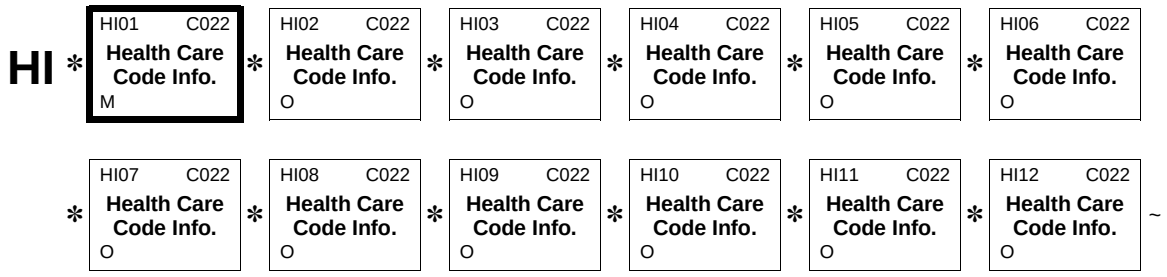
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HI01	C022	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	M
REQUIRED	HI01 - 1	1270	**Code List Qualifier Code** Code identifying a specific industry code list	M ID 1/3
			CODE: **BE** — DEFINITION: **Value** CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes	
REQUIRED	HI01 - 2	1271	**Industry Code** Code indicating a code from a specific industry code list	M AN 1/30
			UB-92 Reference [UB-92 Name]: **39 (a-d) [Value Codes and Amounts]** **40 (a-d) [Value Codes and Amounts]**	

41 (a-d) [Value Codes and Amounts]

EMC v.6.0 Reference:

Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

NOT USED	HI01 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI01 - 4	1251	Date Time Period	X	AN	1/35
REQUIRED	HI01 - 5	782	Monetary Amount Monetary amount	O	R	1/18
			This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).			
NOT USED	HI01 - 6	380	Quantity	O	R	1/15
NOT USED	HI01 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI01 - 8	1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI01 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI02	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O		
			Used when necessary to report multiple additional co-existing conditions.			
REQUIRED	HI02 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BE	Value
	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED	HI02 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

39 (a-d) [Value Codes and Amounts]

40 (a-d) [Value Codes and Amounts]

41 (a-d) [Value Codes and Amounts]

EMC v.6.0 Reference:

Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

NOT USED	HI02 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI02 - 4	1251	Date Time Period	X	AN	1/35
REQUIRED	HI02 - 5	782	Monetary Amount Monetary amount	O	R	1/18
			This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).			
NOT USED	HI02 - 6	380	Quantity	O	R	1/15
NOT USED	HI02 - 7	799	Version Identifier	O	AN	1/30

NOT USED HI02 - 8 1271 **Industry Code** X AN 1/30
Code indicating a code from a specific industry code list

NOT USED HI02 - 9 1073 **Yes/No Condition or Response Code** X ID 1/1
Code indicating a Yes or No condition or response

SITUATIONAL HI03 C022 **HEALTH CARE CODE INFORMATION** O
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED HI03 - 1 1270 **Code List Qualifier Code** M ID 1/3
Code identifying a specific industry code list

CODE	DEFINITION
BE	**Value**

CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes

REQUIRED HI03 - 2 1271 **Industry Code** M AN 1/30
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

39 (a-d) [Value Codes and Amounts]

40 (a-d) [Value Codes and Amounts]

41 (a-d) [Value Codes and Amounts]

EMC v.6.0 Reference:

Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

NOT USED HI03 - 3 1250 **Date Time Period Format Qualifier** X ID 2/3

NOT USED HI03 - 4 1251 **Date Time Period** X AN 1/35

REQUIRED HI03 - 5 782 **Monetary Amount** O R 1/18
Monetary amount

This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).

NOT USED HI03 - 6 380 **Quantity** O R 1/15

NOT USED HI03 - 7 799 **Version Identifier** O AN 1/30

NOT USED HI03 - 8 1271 **Industry Code** X AN 1/30
Code indicating a code from a specific industry code list

NOT USED HI03 - 9 1073 **Yes/No Condition or Response Code** X ID 1/1
Code indicating a Yes or No condition or response

SITUATIONAL HI04 C022 **HEALTH CARE CODE INFORMATION** O
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED HI04 - 1 1270 **Code List Qualifier Code** M ID 1/3
Code identifying a specific industry code list

CODE	DEFINITION
BE	**Value**

CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes

REQUIRED	HI04 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30
				UB-92 Reference [UB-92 Name]: **39 (a-d) [Value Codes and Amounts]** **40 (a-d) [Value Codes and Amounts]** **41 (a-d) [Value Codes and Amounts]**			
				EMC v.6.0 Reference: **Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39**			
NOT USED	HI04 - 3		1250	**Date Time Period Format Qualifier**	X	ID	2/3
NOT USED	HI04 - 4		1251	**Date Time Period**	X	AN	1/35
REQUIRED	HI04 - 5		782	**Monetary Amount** Monetary amount	O	R	1/18
				This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).			
NOT USED	HI04 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI04 - 7		799	**Version Identifier**	O	AN	1/30
NOT USED	HI04 - 8		1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI04 - 9		1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI05	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		
				Used when necessary to report multiple additional co-existing conditions.			
REQUIRED	HI05 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3
				CODE — DEFINITION			
				BE — Value			
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes			
REQUIRED	HI05 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30
				UB-92 Reference [UB-92 Name]: **39 (a-d) [Value Codes and Amounts]** **40 (a-d) [Value Codes and Amounts]** **41 (a-d) [Value Codes and Amounts]**			
				EMC v.6.0 Reference: **Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39**			
NOT USED	HI05 - 3		1250	**Date Time Period Format Qualifier**	X	ID	2/3
NOT USED	HI05 - 4		1251	**Date Time Period**	X	AN	1/35
REQUIRED	HI05 - 5		782	**Monetary Amount** Monetary amount	O	R	1/18

This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).

NOT USED	HI05 - 6		380	Quantity	O	R	1/15
NOT USED	HI05 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI05 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI05 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI06	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI06 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BE	Value

CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes

REQUIRED	HI06 - 2		1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

39 (a-d) [Value Codes and Amounts]
40 (a-d) [Value Codes and Amounts]
41 (a-d) [Value Codes and Amounts]

EMC v.6.0 Reference:

Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

NOT USED	HI06 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI06 - 4		1251	Date Time Period	X	AN	1/35
REQUIRED	HI06 - 5		782	Monetary Amount Monetary amount	O	R	1/18

This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).

NOT USED	HI06 - 6		380	Quantity	O	R	1/15
NOT USED	HI06 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI06 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI06 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI07	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI07 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3

				CODE	DEFINITION			
				BE	**Value**			
					CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes			
REQUIRED	**HI07 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**
				UB-92 Reference [UB-92 Name]: **39 (a-d) [Value Codes and Amounts]** **40 (a-d) [Value Codes and Amounts]** **41 (a-d) [Value Codes and Amounts]**			
				EMC v.6.0 Reference: **Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39**			
NOT USED	**HI07 - 3**		**1250**	**Date Time Period Format Qualifier**	**X**	**ID**	**2/3**
NOT USED	**HI07 - 4**		**1251**	**Date Time Period**	**X**	**AN**	**1/35**
REQUIRED	**HI07 - 5**		**782**	**Monetary Amount** Monetary amount	**O**	**R**	**1/18**
				This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).			
NOT USED	**HI07 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI07 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
NOT USED	**HI07 - 8**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**X**	**AN**	**1/30**
NOT USED	**HI07 - 9**		**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**X**	**ID**	**1/1**
SITUATIONAL	**HI08**	**C022**		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**		
				Used when necessary to report multiple additional co-existing conditions.			
REQUIRED	**HI08 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**
				CODE	DEFINITION			
				BE	**Value**			
					CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes			
REQUIRED	**HI08 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**
				UB-92 Reference [UB-92 Name]: **39 (a-d) [Value Codes and Amounts]** **40 (a-d) [Value Codes and Amounts]** **41 (a-d) [Value Codes and Amounts]**			
				EMC v.6.0 Reference:			

				Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39			
NOT USED	HI08 - 3		1250	**Date Time Period Format Qualifier**	X	ID	2/3
NOT USED	HI08 - 4		1251	**Date Time Period**	X	AN	1/35
REQUIRED	HI08 - 5		782	**Monetary Amount** Monetary amount	O	R	1/18
				This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).			
NOT USED	HI08 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI08 - 7		799	**Version Identifier**	O	AN	1/30
NOT USED	HI08 - 8		1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI08 - 9		1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI09	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		
				Used when necessary to report multiple additional co-existing conditions.			
REQUIRED	HI09 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3
				CODE — DEFINITION			
				BE — Value			
				CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes			
REQUIRED	HI09 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts] **40 (a-d) [Value Codes and Amounts]** **41 (a-d) [Value Codes and Amounts]**			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39			
NOT USED	HI09 - 3		1250	**Date Time Period Format Qualifier**	X	ID	2/3
NOT USED	HI09 - 4		1251	**Date Time Period**	X	AN	1/35
REQUIRED	HI09 - 5		782	**Monetary Amount** Monetary amount	O	R	1/18
				This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).			
NOT USED	HI09 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI09 - 7		799	**Version Identifier**	O	AN	1/30
NOT USED	HI09 - 8		1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI09 - 9		1073	**Yes/No Condition or Response Code**	X	ID	1/1

Code indicating a Yes or No condition or response

SITUATIONAL **HI10** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED **HI10 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BE	**Value**

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED **HI10 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

39 (a-d) [Value Codes and Amounts]

40 (a-d) [Value Codes and Amounts]

41 (a-d) [Value Codes and Amounts]

EMC v.6.0 Reference:

Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

NOT USED **HI10 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**

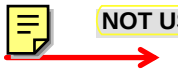
NOT USED **HI10 - 4** **1251** **Date Time Period** **X** **AN** **1/35**

REQUIRED **HI10 - 5** **782** **Monetary Amount** **O** **R** **1/18**
Monetary amount

This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).

NOT USED **HI10 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI10 - 7** **799** **Version Identifier** **O** **AN** **1/30**



NOT USED **HI10 - 8** **1271** **Industry Code** **X** **AN** **1/30**
Code indicating a code from a specific industry code list

NOT USED **HI10 - 9** **1073** **Yes/No Condition or Response Code** **X** **ID** **1/1**
Code indicating a Yes or No condition or response

SITUATIONAL **HI11** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED **HI11 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BE	**Value**

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED **HI11 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

39 (a-d) [Value Codes and Amounts]

40 (a-d) [Value Codes and Amounts]

41 (a-d) [Value Codes and Amounts]

EMC v.6.0 Reference:

Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

NOT USED	HI11 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI11 - 4	1251	Date Time Period	X	AN	1/35
REQUIRED	HI11 - 5	782	Monetary Amount Monetary amount	O	R	1/18

This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).

NOT USED	HI11 - 6	380	Quantity	O	R	1/15
NOT USED	HI11 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI11 - 8	1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI11 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1

SITUATIONAL	HI12	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O	

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI12 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BE	Value

CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes

REQUIRED	HI12 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

39 (a-d) [Value Codes and Amounts]

40 (a-d) [Value Codes and Amounts]

41 (a-d) [Value Codes and Amounts]

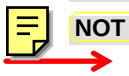
EMC v.6.0 Reference:

Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

NOT USED	HI12 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI12 - 4	1251	Date Time Period	X	AN	1/35
REQUIRED	HI12 - 5	782	Monetary Amount Monetary amount	O	R	1/18

This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).

NOT USED	HI12 - 6	380	**Quantity**	O	R	1/15	
NOT USED	HI12 - 7	799	**Version Identifier**	O	AN	1/30	
NOT USED	HI12 - 8	1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30	
NOT USED	HI12 - 9	1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1	



IMPLEMENTATION

CONDITION INFORMATION

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **2**

Notes: **1. Required when condition information applies to the claim or encounter.**

Example: **HI*BG:67~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 2310

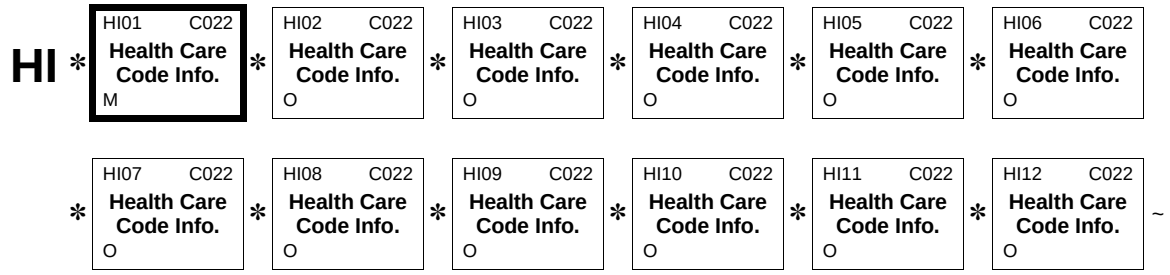
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M ID 1/3**
			CODE **DEFINITION** **BG** **Condition** **CODE SOURCE 132:** National Uniform Billing Committee (NUBC) Codes **CODE SOURCE 641:** Condition Code List	
REQUIRED	**HI01 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list **UB-92 Reference [UB-92 Name]:**	**M AN 1/30**

				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
NOT USED	**HI01 - 3**		**1250**	**Date Time Period Format Qualifier**	**X**	**ID**	**2/3**
NOT USED	**HI01 - 4**		**1251**	**Date Time Period**	**X**	**AN**	**1/35**
NOT USED	**HI01 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI01 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI01 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
NOT USED	**HI01 - 8**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**X**	**AN**	**1/30**
NOT USED	**HI01 - 9**		**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**X**	**ID**	**1/1**
SITUATIONAL	**HI02**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities		**O**		
				Used when necessary to report multiple additional co-existing conditions.			
REQUIRED	**HI02 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

CODE	DEFINITION
BG	**Condition**
	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes **CODE SOURCE 641:** Condition Code List

REQUIRED	**HI02 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
NOT USED	**HI02 - 3**		**1250**	**Date Time Period Format Qualifier**	**X**	**ID**	**2/3**
NOT USED	**HI02 - 4**		**1251**	**Date Time Period**	**X**	**AN**	**1/35**

NOT USED	HI02 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI02 - 6		380	Quantity	O	R	1/15
NOT USED	HI02 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI02 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI02 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI03	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O		
				Used when necessary to report multiple additional co-existing conditions.			
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BG	**Condition**
	CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes
	CODE SOURCE **641:** Condition Code List

REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13			
NOT USED	HI03 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI03 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI03 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI03 - 6		380	Quantity	O	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI03 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI03 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI04	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O		
				Used when necessary to report multiple additional co-existing conditions.			
REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3

			CODE	DEFINITION				
			BG	Condition				
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes CODE SOURCE 641: Condition Code List				
REQUIRED	HI04 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30	
				UB-92 Reference [UB-92 Name]: 24 [Condition Codes] 25 [Condition Codes] 26 [Condition Codes] 27 [Condition Codes] 28 [Condition Codes] 29 [Condition Codes] 30 [Condition Codes]				
				EMC v.6.0 Reference: Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13				
NOT USED	HI04 - 3		1250	**Date Time Period Format Qualifier**	X	ID	2/3	
NOT USED	HI04 - 4		1251	**Date Time Period**	X	AN	1/35	
NOT USED	HI04 - 5		782	**Monetary Amount**	O	R	1/18	
NOT USED	HI04 - 6		380	**Quantity**	O	R	1/15	
NOT USED	HI04 - 7		799	**Version Identifier**	O	AN	1/30	
NOT USED	HI04 - 8		1271	**Industry Code** Code indicating a code from a specific industry code list	X	AN	1/30	
NOT USED	HI04 - 9		1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	X	ID	1/1	
SITUATIONAL	HI05	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O			
				Used when necessary to report multiple additional co-existing conditions.				
REQUIRED	HI05 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3	
			CODE	DEFINITION				
			BG	Condition				
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes CODE SOURCE 641: Condition Code List				
REQUIRED	HI05 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30	
				UB-92 Reference [UB-92 Name]: 24 [Condition Codes] 25 [Condition Codes] 26 [Condition Codes] 27 [Condition Codes]				

28 [Condition Codes]
29 [Condition Codes]
30 [Condition Codes]

EMC v.6.0 Reference:

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	HI05 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI05 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI05 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI05 - 6		380	Quantity	O	R	1/15
NOT USED	HI05 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI05 - 8		1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI05 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI06	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities		O		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI06 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
BG	Condition
	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
	CODE SOURCE 641: Condition Code List

REQUIRED	HI06 - 2		1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30

UB-92 Reference [UB-92 Name]:

24 [Condition Codes]
25 [Condition Codes]
26 [Condition Codes]
27 [Condition Codes]
28 [Condition Codes]
29 [Condition Codes]
30 [Condition Codes]

EMC v.6.0 Reference:

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	HI06 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI06 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI06 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI06 - 6		380	Quantity	O	R	1/15
NOT USED	HI06 - 7		799	Version Identifier	O	AN	1/30
NOT USED	HI06 - 8		1271	Industry Code	X	AN	1/30

Code indicating a code from a specific industry code list

NOT USED HI06 - 9 1073 **Yes/No Condition or Response Code** X ID 1/1
Code indicating a Yes or No condition or response

SITUATIONAL HI07 C022 **HEALTH CARE CODE INFORMATION** O
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED HI07 - 1 1270 **Code List Qualifier Code** M ID 1/3
Code identifying a specific industry code list

CODE	DEFINITION
BG	**Condition**

CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes
CODE SOURCE **641:** Condition Code List

REQUIRED HI07 - 2 1271 **Industry Code** M AN 1/30
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

24 [Condition Codes]
25 [Condition Codes]
26 [Condition Codes]
27 [Condition Codes]
28 [Condition Codes]
29 [Condition Codes]
30 [Condition Codes]

EMC v.6.0 Reference:

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED HI07 - 3 1250 **Date Time Period Format Qualifier** X ID 2/3

NOT USED HI07 - 4 1251 **Date Time Period** X AN 1/35

NOT USED HI07 - 5 782 **Monetary Amount** O R 1/18

NOT USED HI07 - 6 380 **Quantity** O R 1/15

NOT USED HI07 - 7 799 **Version Identifier** O AN 1/30

NOT USED HI07 - 8 1271 **Industry Code** X AN 1/30
Code indicating a code from a specific industry code list

NOT USED HI07 - 9 1073 **Yes/No Condition or Response Code** X ID 1/1
Code indicating a Yes or No condition or response

SITUATIONAL HI08 C022 **HEALTH CARE CODE INFORMATION** O
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED HI08 - 1 1270 **Code List Qualifier Code** M ID 1/3
Code identifying a specific industry code list

CODE	DEFINITION
BG	**Condition**

CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes

CODE SOURCE **641:** Condition Code List

REQUIRED	**HI08 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**

UB-92 Reference [UB-92 Name]:

24 [Condition Codes]
25 [Condition Codes]
26 [Condition Codes]
27 [Condition Codes]
28 [Condition Codes]
29 [Condition Codes]
30 [Condition Codes]

EMC v.6.0 Reference:

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	**HI08 - 3**	**1250**	**Date Time Period Format Qualifier**	**X**	**ID**	**2/3**
NOT USED	**HI08 - 4**	**1251**	**Date Time Period**	**X**	**AN**	**1/35**
NOT USED	**HI08 - 5**	**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI08 - 6**	**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI08 - 7**	**799**	**Version Identifier**	**O**	**AN**	**1/30**
NOT USED	**HI08 - 8**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**X**	**AN**	**1/30**
NOT USED	**HI08 - 9**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**X**	**ID**	**1/1**

SITUATIONAL	**HI09**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	**HI09 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

CODE	DEFINITION
BG	**Condition**

CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes
CODE SOURCE **641:** Condition Code List

REQUIRED	**HI09 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**

UB-92 Reference [UB-92 Name]:

24 [Condition Codes]
25 [Condition Codes]
26 [Condition Codes]
27 [Condition Codes]
28 [Condition Codes]
29 [Condition Codes]
30 [Condition Codes]

EMC v.6.0 Reference:

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	HI09 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI09 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI09 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI09 - 6	380	Quantity	O	R	1/15
NOT USED	HI09 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI09 - 8	1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI09 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1

SITUATIONAL HI10 C022 **HEALTH CARE CODE INFORMATION** O
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED HI10 - 1 **1270 Code List Qualifier Code** M ID 1/3
Code identifying a specific industry code list

CODE	DEFINITION
BG	**Condition**
	CODE SOURCE **132:** National Uniform Billing Committee (NUBC) Codes CODE SOURCE **641:** Condition Code List

REQUIRED HI10 - 2 **1271 Industry Code** M AN 1/30
Code indicating a code from a specific industry code list

UB-92 Reference [UB-92 Name]:

24 [Condition Codes]
25 [Condition Codes]
26 [Condition Codes]
27 [Condition Codes]
28 [Condition Codes]
29 [Condition Codes]
30 [Condition Codes]

EMC v.6.0 Reference:

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	HI10 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI10 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI10 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI10 - 6	380	Quantity	O	R	1/15
NOT USED	HI10 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI10 - 8	1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI10 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1

SITUATIONAL HI11 C022 **HEALTH CARE CODE INFORMATION** O
To send health care codes and their associated dates, amounts and quantities

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	**HI11 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

CODE	DEFINITION
BG	**Condition**

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
CODE SOURCE 641: Condition Code List

REQUIRED	**HI11 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**

UB-92 Reference [UB-92 Name]:

24 [Condition Codes]
25 [Condition Codes]
26 [Condition Codes]
27 [Condition Codes]
28 [Condition Codes]
29 [Condition Codes]
30 [Condition Codes]

EMC v.6.0 Reference:

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	**HI11 - 3**		**1250**	**Date Time Period Format Qualifier**	**X**	**ID**	**2/3**
NOT USED	**HI11 - 4**		**1251**	**Date Time Period**	**X**	**AN**	**1/35**
NOT USED	**HI11 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI11 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI11 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
NOT USED	**HI11 - 8**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**X**	**AN**	**1/30**
NOT USED	**HI11 - 9**		**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**X**	**ID**	**1/1**
SITUATIONAL	**HI12**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities		**O**		

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	**HI12 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

CODE	DEFINITION
BG	**Condition**

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
CODE SOURCE 641: Condition Code List

REQUIRED	**HI12 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**

UB-92 Reference [UB-92 Name]:

24 [Condition Codes]
25 [Condition Codes]
26 [Condition Codes]
27 [Condition Codes]
28 [Condition Codes]
29 [Condition Codes]
30 [Condition Codes]

EMC v.6.0 Reference:
Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	HI12 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI12 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI12 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI12 - 6	380	Quantity	O	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI12 - 8	1271	Industry Code Code indicating a code from a specific industry code list	X	AN	1/30
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1

IMPLEMENTATION

CLAIM QUANTITY

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **4**

Notes:

1. **Use the Quantity segment at the claim level Loop ID-2300 to transmit quantities that apply to the entire claim.**
2. **Required on Inpatient claims or encounters when covered, co-insured, life-time reserved or non-covered days are being reported.**

Example: **QTY*LA*20*DA~**

STANDARD

QTY Quantity

Level: Detail

Position: 2400

Loop: 2300

Requirement: Optional

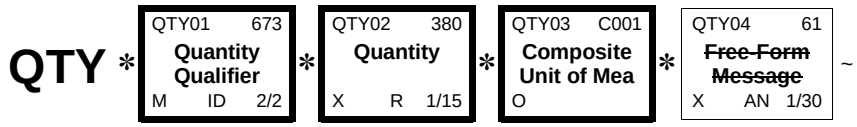
Max Use: 10

Purpose: To specify quantity information

Syntax:

1. **R0204**
   At least one of QTY02 or QTY04 is required.
2. **E0204**
   Only one of QTY02 or QTY04 may be present.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**QTY01**	**673**	**Quantity Qualifier** Code specifying the type of quantity	**M ID 2/2**

CODE	DEFINITION
CA	**Covered - Actual** UB-92 Reference [UB-92 Name]: **7 [Covered Days]** EMC v.6.0 Reference: **Record Type 30 Field No. 20 (Sequence 01-03)**
NA	**Number of Non-covered Days**

UB-92 Reference [UB-92 Name]:

8 [Non-Covered Days]

EMC v.6.0 Reference:

Record Type 30 Field No. 21

REQUIRED	**QTY02**		**380**	**Quantity** Numeric value of quantity SYNTAX: R0204, E0204	**X**	**R**	**1/15**
REQUIRED	**QTY03**		**C001**	**COMPOSITE UNIT OF MEASURE** To identify a composite unit of measure	**O**		
REQUIRED	**QTY03**	**- 1**	**355**	**Unit or Basis for Measurement Code** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	**M**	**ID**	**2/2**

CODE	DEFINITION
DA	**Days**

NOT USED	**QTY03**	**- 2**	**1018**	**Exponent**	**O**	**R**	**1/15**
NOT USED	**QTY03**	**- 3**	**649**	**Multiplier**	**O**	**R**	**1/10**
NOT USED	**QTY03**	**- 4**	**355**	**Unit or Basis for Measurement Code**	**O**	**ID**	**2/2**
NOT USED	**QTY03**	**- 5**	**1018**	**Exponent**	**O**	**R**	**1/15**
NOT USED	**QTY03**	**- 6**	**649**	**Multiplier**	**O**	**R**	**1/10**
NOT USED	**QTY03**	**- 7**	**355**	**Unit or Basis for Measurement Code**	**O**	**ID**	**2/2**
NOT USED	**QTY03**	**- 8**	**1018**	**Exponent**	**O**	**R**	**1/15**
NOT USED	**QTY03**	**- 9**	**649**	**Multiplier**	**O**	**R**	**1/10**
NOT USED	**QTY03**	**- 10**	**355**	**Unit or Basis for Measurement Code**	**O**	**ID**	**2/2**
NOT USED	**QTY03**	**- 11**	**1018**	**Exponent**	**O**	**R**	**1/15**
NOT USED	**QTY03**	**- 12**	**649**	**Multiplier**	**O**	**R**	**1/10**
NOT USED	**QTY03**	**- 13**	**355**	**Unit or Basis for Measurement Code**	**O**	**ID**	**2/2**
NOT USED	**QTY03**	**- 14**	**1018**	**Exponent**	**O**	**R**	**1/15**
NOT USED	**QTY03**	**- 15**	**649**	**Multiplier**	**O**	**R**	**1/10**
NOT USED	**QTY04**		**61**	**Free-Form Message**	**X**	**AN**	**1/30**

IMPLEMENTATION

ATTENDING PHYSICIAN NAME

Loop: **2310A — ATTENDING PHYSICIAN NAME** **Repeat:** **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.**
2. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.**
3. **Required on all inpatient claims or encounters.**
4. **Required to indicate the Primary Physician responsible on a Home Health Agency Plan of Treatment.**
5. **Only the Attending Physician license number is necessary. The name will be ignored if not otherwise required.**

Example: **NM1*71*1*JONES*JOHN****XX*12345678~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 2500

Loop: 2310 **Repeat:** 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

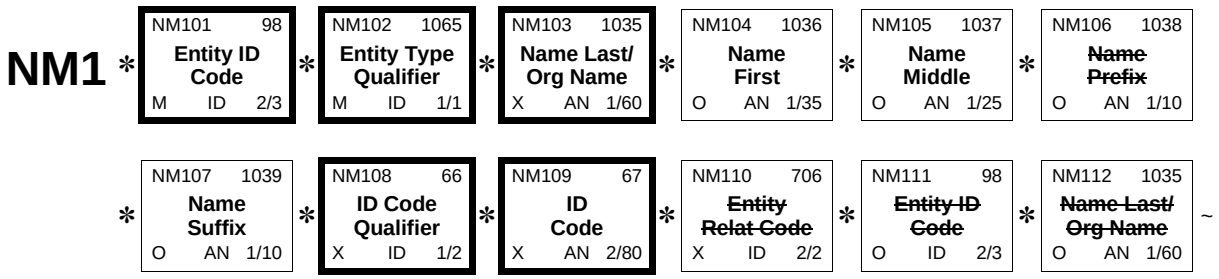
Set Notes:

1. Loop 2310 contains information about the rendering, referring, or attending provider.

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.
3. **C1203**
   If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual **The entity identifier in NM101 applies to all segments in Loop ID-2310.** CODE / DEFINITION **71** **Attending Physician**	**M ID 2/3**
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103. CODE / DEFINITION **1** **Person** **2** **Non-Person Entity**	**M ID 1/1**
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name ***ALIAS:*** ***Attending Physician Last Name*** **SYNTAX:** C1203 **UB-92 Reference [UB-92 Name]:** **82, Line b [Attending Physician ID]** **EMC v.6.0 Reference:** **Record Type 80 Field No. 9, Positions 91-106 (Also maps to Record Type 71 Field No. 20 if you are creating this attachment)** **Only the Attending Physician license number is necessary. The name will be ignored if not otherwise required.**	**X AN 1/60**

SITUATIONAL	NM104	1036	**Name First** Individual first name *ALIAS:* ***Attending Physician First Name*** **UB-92 Reference [UB-92 Name]:** **82, Line b [Attending Physician ID]** **EMC v.6.0 Reference:** **Record Type 80 Field No. 9, Positions 107-114 (Also maps to EMC v.4.1 Record Type 71 Field No. 21 if you are creating this attachment)** **Required if NM102=1 (person).** **Only the Attending Physician license number is necessary. The name will be ignored if not otherwise required.**	O	AN	1/35
SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial **Required if NM102=1 and the middle name/initial of the person is known.** **Only the Attending Physician license number is necessary. The name will be ignored if not otherwise required.**	O	AN	1/25
NOT USED	NM106	1038	**Name Prefix**	O	AN	1/10
SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name **Required if known.** **Only the Attending Physician license number is necessary. The name will be ignored if not otherwise required.**	O	AN	1/10
REQUIRED	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 **EMC v.6.0 Reference:** **Record Type 80 Field No. 4 (The National Registry for Medicare assigns the UPIN to the provider for identification purposes.)** CODE / DEFINITION **XX — Health Care Financing Administration National Provider Identifier**	X	ID	1/2
REQUIRED	NM109	67	**Identification Code** Code identifying a party or other code SYNTAX: P0809 **UB-92 Reference [UB-92 Name]:** **82, Line a [Attending Physician ID]** **EMC v.6.0 Reference:** **Record Type 80 Field No. 5**	X	AN	2/80
NOT USED	NM110	706	**Entity Relationship Code**	X	ID	2/2

NOT USED	NM111	98	Entity Identifier Code	O	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O	AN	1/60

IMPLEMENTATION

ATTENDING PHYSICIAN SECONDARY IDENTIFICATION

Loop: **2310A — ATTENDING PHYSICIAN NAME**

Usage: **SITUATIONAL**

Repeat: **5**

Notes: **1. Use this REF only when a second number is necessary to identify the provider. The primary identification must be contained in NM109.**

Example: **REF*1G*A12345~**

STANDARD

REF Reference Identification

Level: Detail

Position: 2710

Loop: 2310

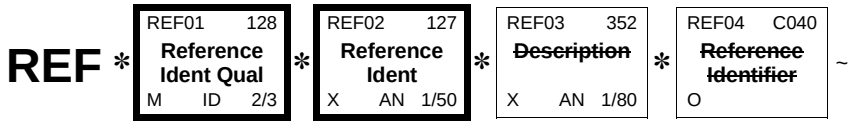
Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M**	**ID**	**2/3**
			CODE / DEFINITION			
			0B **State License Number**			
			1G **Provider UPIN Number**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203	**X**	**AN**	**1/50**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

OPERATING PHYSICIAN NAME

Loop: **2310B — OPERATING PHYSICIAN NAME** **Repeat:** **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.**
2. **This segment is required when any surgical procedure code is listed on this claim.**
3. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.**
4. **Only the Operating Physician license number is necessary. The name will be ignored if not otherwise required.**

Example: **NM1*72*1*MEYERS*JANE****XX*12345678~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 2500

Loop: 2310 **Repeat:** 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

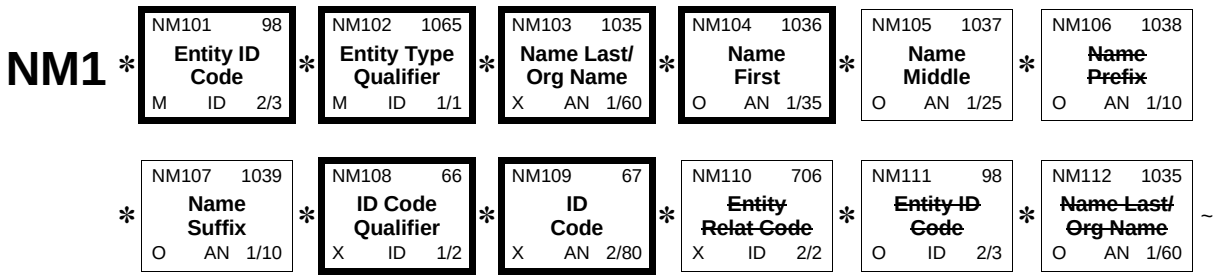
Set Notes:

1. Loop 2310 contains information about the rendering, referring, or attending provider.

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.
3. **C1203**
   If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**
			The entity identifier in NM101 applies to all segments in Loop ID-2310.	
			CODE / DEFINITION **72 Operating Physician**	
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103. CODE / DEFINITION **1 Person**	**M ID 1/1**
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name ***ALIAS:*** ***Operating Physician Last Name*** **SYNTAX:** C1203 **UB-92 Reference [UB-92 Name]:** **83A, Line b [Other Physician ID]** **EMC v.6.0 Reference:** **Record Type 80 Field No. 10, Positions 116-131.** **Only the Operating Physician license number is necessary. The name will be ignored if not otherwise required.**	**X AN 1/60**

REQUIRED	**NM104**	**1036**	**Name First** Individual first name	**O**	**AN**	**1/35**
			ALIAS: ***Operating Physician First Name***			
			UB-92 Reference [UB-92 Name]:			
			83A, Line b [Other Physician ID]			
			EMC v.6.0 Reference:			
			Record Type 80 Field No. 10, Position 132-139			
			Only the Operating Physician license number is necessary. The name will be ignored if not otherwise required.			
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial	**O**	**AN**	**1/25**
			This data element is required when NM102 equals one (1) and the Middle Name or Initial of the person is known by the provider.			
			Only the Operating Physician license number is necessary. The name will be ignored if not otherwise required.			
NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name	**O**	**AN**	**1/10**
			Required if known.			
			Only the Operating Physician license number is necessary. The name will be ignored if not otherwise required.			
REQUIRED	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	**X**	**ID**	**1/2**
			CODE — DEFINITION			
			XX — Health Care Financing Administration National Provider Identifier			
REQUIRED	**NM109**	**67**	**Identification Code** Code identifying a party or other code SYNTAX: P0809	**X**	**AN**	**2/80**
			UB-92 Reference [UB-92 Name]:			
			83A, Line a [Other Physician ID]			
			EMC v.6.0 Reference:			
			Record Type 80 Field No. 6			
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**
NOT USED	**NM112**	**1035**	**Name Last or Organization Name**	**O**	**AN**	**1/60**

IMPLEMENTATION

OPERATING PHYSICIAN SECONDARY IDENTIFICATION

Loop: **2310B — OPERATING PHYSICIAN NAME**

Usage: **SITUATIONAL**

Repeat: **5**

Notes: **1. Use this REF only when a second number is necessary to identify the provider. The primary identification must be contained in NM109.**

Example: **REF*1G*A12345~**

STANDARD

REF Reference Identification

Level: Detail

Position: 2710

Loop: 2310

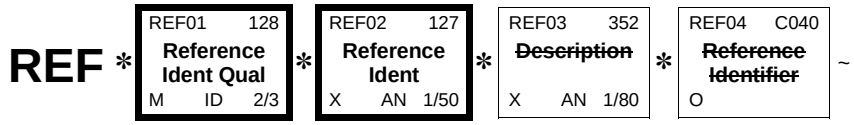
Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M**	**ID**	**2/3**
			CODE / DEFINITION			
			0B **State License Number**			
			1G **Provider UPIN Number**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203	**X**	**AN**	**1/50**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

OTHER PROVIDER NAME

Loop: **2310C — OTHER PROVIDER NAME** **Repeat:** **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.**

2. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.**

3. **Required on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a subsitute provider (locum tenans) was used, that person should be entered here. Required when the Other Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider in the 2010AA/AB loops.**

4. **Required on non-outpatient (e.g inpatient, SNF, ICF etc.) claims or encounters to indicate the physician who rendered service for the principal procedure if other than the operating physician reported in Loop 2310B. Not required on non-outpatient claims or encounters if no principal procedure was performed.**

5. **Only the Other Physician license number is necessary. The name will be ignored if not otherwise required.**

Example: **NM1*73*1*DOE*JOHN*A***34*201749586~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 2500

Loop: 2310 **Repeat:** 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:

1. Loop 2310 contains information about the rendering, referring, or attending provider.

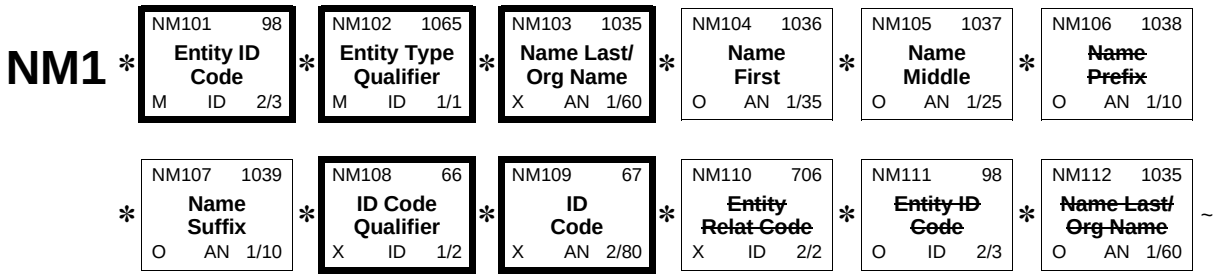
Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.

2. **C1110**
   If NM111 is present, then NM110 is required.

3. **C1203**
   If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual **The entity identifier in NM101 applies to all segments in Loop ID-2310.** CODE / DEFINITION **73** **Other Physician**	**M ID 2/3**
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE / DEFINITION **1** **Person**	**M ID 1/1**
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name *ALIAS:* ***Other Physician Last Name*** SYNTAX: C1203 **UB-92 Reference [UB-92 Name]:** **83B, Line b [Other Physician ID]** **EMC v.6.0 Reference:** **Record Type 80 Field No. 11, 12** **Only the Other Physician license number is necessary. The name will be ignored if not otherwise required.**	**X AN 1/60**

SITUATIONAL	NM104	1036	**Name First** Individual first name *ALIAS:* ***Other Physician First Name*** **UB-92 Reference [UB-92 Name]:** **83B, Line b [Other Physician ID]** **EMC v.6.0 Reference:** **Record Type 80 Field No. 11, 12** **Required if NM102=1 (person).** **Only the Other Physician license number is necessary. The name will be ignored if not otherwise required.**	O	AN	1/35
SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial **Required when NM102=1-Person and the Middle Name or Initial of the person is known by the provider.** **Only the Other Physician license number is necessary. The name will be ignored if not otherwise required.**	O	AN	1/25
NOT USED	NM106	1038	**Name Prefix**	O	AN	1/10
SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name **Other Provider Generation** **Required if known.** **Only the Other Physician license number is necessary. The name will be ignored if not otherwise required.**	O	AN	1/10
REQUIRED	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	X	ID	1/2
REQUIRED	NM109	67	**Identification Code** Code identifying a party or other code *ALIAS:* ***Other Physician Primary ID*** SYNTAX: P0809 **UB-92 Reference [UB-92 Name]:** **83B, Line a [Other Physician ID]** **EMC v.6.0 Reference:** **Record Type 80 Field No. 7** **Record Type 81 Field No. 6**	X	AN	2/80
NOT USED	NM110	706	**Entity Relationship Code**	X	ID	2/2
NOT USED	NM111	98	**Entity Identifier Code**	O	ID	2/3
NOT USED	NM112	1035	**Name Last or Organization Name**	O	AN	1/60

IMPLEMENTATION

OTHER PROVIDER SECONDARY IDENTIFICATION

Loop: 2310C — OTHER PROVIDER NAME

Usage: SITUATIONAL

Repeat: 5

Notes: 1. Use this REF only when a second number is necessary to identify the provider. The primary identification must be contained in NM109.

Example: REF*1G*A12345~

STANDARD

REF Reference Identification

Level: Detail

Position: 2710

Loop: 2310

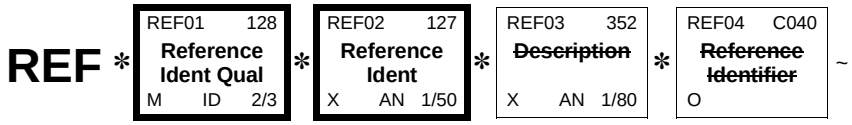
Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: 1. **R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**
			CODE / DEFINITION **0B** — **State License Number** **1G** — **Provider UPIN Number** ~~**LU**~~ — ~~**Location Number**~~	
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203	**X AN 1/50**
NOT USED	**REF03**	**352**	**Description**	**X AN 1/80**

NOT USED	REF04	C040	REFERENCE IDENTIFIER	O

IMPLEMENTATION

OTHER SUBSCRIBER INFORMATION

Loop: **2320 — OTHER SUBSCRIBER INFORMATION** **Repeat:** **10**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Required if other payers are known to potentially be involved in paying on this claim.**
2. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.**
3. **All information contained in the 2320 Loop applies only to the payer who is identified in the 2330B Loop of this iteration of the 2320 Loop. It is specific only to that payer. If information on additional payers is needed to be carried, run the 2320 Loop again with it's respective 2330 Loops.**

Example: **SBR*S*01*GR00786**MC****OF~**

STANDARD

SBR Subscriber Information

Level: Detail

Position: 2900

Loop: 2320 **Repeat:** 10

Requirement: Optional

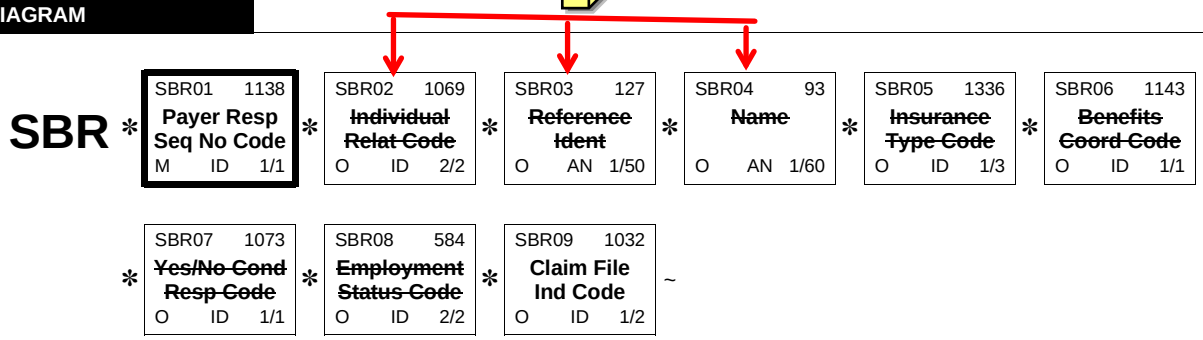
Max Use: 1

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Set Notes:

1. Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SBR01	1138	**Payer Responsibility Sequence Number Code** Code identifying the insurance carrier's level of responsibility for a payment of a claim **UB-92 Reference [UB-92 Name]:** 50 (A-C) [Payer Identification] 51 (A-C) [Provider Number] 52 (A-C) [Release of Information Certification Indicator] 53 (A-C) [Assignment of Benefits Certification Indicator] 54 (A-C) [Prior Payments - Payers and Patient] 55 (A-C) [Estimated Amount Due] 58 (A-C) [Insured's Name] 59 (A-C) [Patient's Relationship to Insured] 60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number] 61 (A-C) [Insured Group Name] 62 (A-C) [Insurance Group Number] 63 (A-C) [Treatment Authorization Code] 64 (A-C) [Employment Status Code of the Insured] 65 (A-C) [Employer Name of the Insured] 66 (A-C) [Employer Location of the Insured] **EMC v.6.0 Reference:** Record Type 30 Field No. 2 (Sequence 01-03) Record Type 31 Field No. 2 (Sequence 01-03) Record Type 32 Field No. 2 (Sequence 01-03) Record Type 40 Field No. 5, 6, 7 CODE / DEFINITION P / ~~Primary~~ S / Secondary T / Tertiary Used to indicate "payer of last resort".	M ID 1/1
SITUATIONAL	SBR02	1069	Individual Relationship Code	O ID 2/2
SITUATIONAL	SBR03	127	Reference Identification	O AN 1/50
SITUATIONAL	SBR04	93	Name	O AN 1/60
NOT USED	SBR05	1336	Insurance Type Code	O ID 1/3
NOT USED	SBR06	1143	Coordination of Benefits Code	O ID 1/1
NOT USED	SBR07	1073	Yes/No Condition or Response Code	O ID 1/1
NOT USED	SBR08	584	Employment Status Code	O ID 2/2

SITUATIONAL **SBR09** **1032** **Claim Filing Indicator Code** **O** **ID** **1/2**
Code identifying type of claim

EMC v.6.0 Reference:

Record Type 30 Field No. 4 (Sequence 01-03. See SBR09 in LOOP 2000B for EMC code translation.)

Required prior to mandated used of PlanID. Not used after PlanID is mandated.

CODE	DEFINITION
09	Self-pay
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined Unknown

IMPLEMENTATION

MEDICARE INPATIENT ADJUDICATION INFORMATION

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This segment is used to convey the Medicare Inpatient Adjudication Information if returned in the 835.

Example: MIA*1***3568.98*MAO**********21***MA25~

STANDARD

MIA Medicare Inpatient Adjudication

Level: Detail

Position: 3150

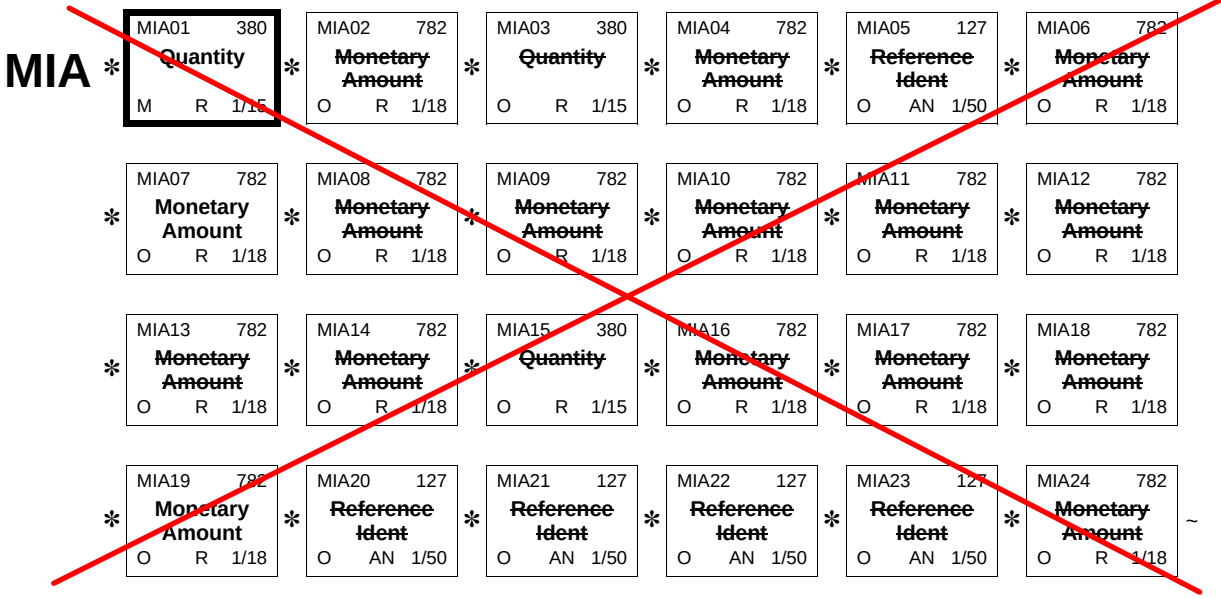
Loop: 2320

Requirement: Optional

Max Use: 1

Purpose: To provide claim-level data related to the adjudication of Medicare inpatient claims

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES

REQUIRED	MIA01	380	**Quantity** Numeric value of quantity SEMANTIC: MIA01 is the covered days.	M	R	1/15
NOT USED	MIA02	782	**Monetary Amount**	O	R	1/18
NOT USED	MIA03	380	**Quantity**	O	R	1/15
NOT USED	MIA04	782	**Monetary Amount**	O	R	1/18
NOT USED	MIA05	127	**Reference Identification**	O	AN	1/50
NOT USED	MIA06	782	**Monetary Amount**	O	R	1/18
SITUATIONAL	MIA07	782	**Monetary Amount** Monetary amount SEMANTIC: MIA07 is the Medicare Secondary Payer (MSP) pass-through amount. **Use this amount to indicate the Medicare Secondary Payer (MSP) pass-through amount.**	O	R	1/18
NOT USED	MIA08	782	**Monetary Amount**	O	R	1/18
NOT USED	MIA09	782	**Monetary Amount**	O	R	1/18
NOT USED	MIA10	782	**Monetary Amount**	O	R	1/18
NOT USED	MIA11	782	**Monetary Amount**	O	R	1/18
NOT USED	MIA12	782	**Monetary Amount**	O	R	1/18
NOT USED	MIA13	782	**Monetary Amount**	O	R	1/18
NOT USED	MIA14	782	**Monetary Amount**	O	R	1/18
NOT USED	MIA15	380	**Quantity**	O	R	1/15
NOT USED	MIA16	782	**Monetary Amount**	O	R	1/18
NOT USED	MIA17	782	**Monetary Amount**	O	R	1/18
NOT USED	MIA18	782	**Monetary Amount**	O	R	1/18
SITUATIONAL	MIA19	782	**Monetary Amount** Monetary amount SEMANTIC: MIA19 is the professional component amount billed but not payable. **Use this amount to indicate the professional component amount billed but not payable.**	O	R	1/18
NOT USED	MIA20	127	**Reference Identification**	O	AN	1/50
NOT USED	MIA21	127	**Reference Identification**	O	AN	1/50
NOT USED	MIA22	127	**Reference Identification**	O	AN	1/50
NOT USED	MIA23	127	**Reference Identification**	O	AN	1/50
NOT USED	MIA24	782	**Monetary Amount**	O	R	1/18

IMPLEMENTATION

OTHER SUBSCRIBER NAME

Loop: **2330A — OTHER SUBSCRIBER NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **Submitters are required to send information on all known other subscribers in Loop ID 2330.**
2. **The 2330A Loop is required when Loop ID 2320 - Other Subscriber Information is used. Otherwise, this loop is not used.**
3. **The Other Subscriber Name is not necessary for the Reporting Guide, so it will be ignored if it is coded.**

Example: **NM1*IL*1*DOE*JOHN*T***34*123456789~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 3250

Loop: 2330 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

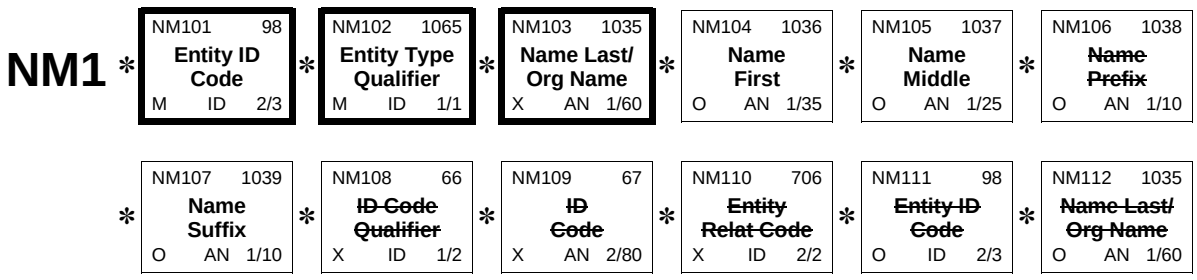
Set Notes:

1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.
3. **C1203**
   If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**
			CODE: **IL** — DEFINITION: **Insured or Subscriber**	
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103. CODE: **1** — DEFINITION: **Person**	**M ID 1/1**
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name ***ALIAS:*** ***Subscriber's Last Name*** **SYNTAX:** C1203 **UB-92 Reference [UB-92 Name]:** **58 (A-C) [Insured's Name]** **EMC v.6.0 Reference:** **Record Type 30 Field No. 12 (Sequence 01-03)** **The Other Subscriber Name is not necessary for the Reporting Guide, so a masked value may be coded.**	**X AN 1/60**
SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name ***ALIAS:*** ***Subscriber's First Name*** **UB-92 Reference [UB-92 Name]:** **58 (A-C) [Insured's Name]** **EMC v.6.0 Reference:** **Record Type 30 Field No. 13 (Sequence 01-03)** **This data element is required when NM102 equals one (1).** **The Other Subscriber Name is not necessary for the Reporting Guide, so masked value may be coded.**	**O AN 1/35**

SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial *ALIAS:* ***Subscriber's Middle Initial*** **UB-92 Reference [UB-92 Name]:** **58 (A-C) [Insured's Name]** **EMC v.6.0 Reference:** **Record Type 30 Field No. 14 (Sequence 01-03)** **Required if NM102=1 and the middle name/initial of the person is known.** **The Other Subscriber Name is not necessary for the Reporting Guide, so X may be coded.**	O	AN	1/25
NOT USED	NM106	1038	**Name Prefix**	O	AN	1/10
SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name **Examples: I, II, III, IV, Jr, Sr** **Required if known.** **The Other Subscriber Name is not necessary for the Reporting Guide, so XX may be coded.**	O	AN	1/10
SITUATIONAL	NM108	66	**Identification Code Qualifier**	X	ID	1/2
SITUATIONAL	NM109	67	**Identification Code**	X	AN	2/80
NOT USED	NM110	706	**Entity Relationship Code**	X	ID	2/2
NOT USED	NM111	98	**Entity Identifier Code**	O	ID	2/3
NOT USED	NM112	1035	**Name Last or Organization Name**	O	AN	1/60

IMPLEMENTATION

OTHER SUBSCRIBER SECONDARY INFORMATION

Loop: **2330A — OTHER SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **3**

Notes: **1. This segment is required when additional identification numbers are required.**

Example: **REF*SY*030385074~**

STANDARD

REF Reference Identification

Level: Detail

Position: 3550

Loop: 2330

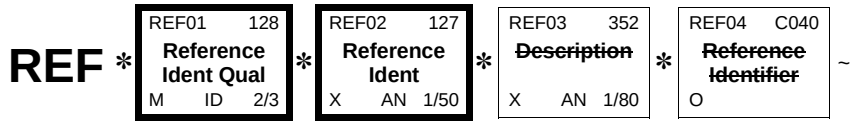
Requirement: Optional

Max Use: >1

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
1W	**Member Identification Number** **If NM108 = MI, this qualifier cannot be used.**
23	**Client Number** **This code is intended to be used only in claims submitted to the Indian Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number.**
IG	**Insurance Policy Number**

			SY **Social Security Number** **The social security number may not be used for Medicare.**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 **UB-92 Reference [UB-92 Name]:** **60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]** **EMC v.6.0 Reference:** **Record Type 30 Field No. 7 (Sequence 01-03)**	**X**	**AN**	**1/50**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

OTHER PAYER NAME

Loop: **2330B — OTHER PAYER NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes:
1. **Submitters are required to send all known information on other payers in this Loop ID - 2330.**

Example: **NM1*PR*2*UNION MUTUAL OF OREGON*****PI*43140~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 3250

Loop: 2330 **Repeat:** 10

Requirement: Optional

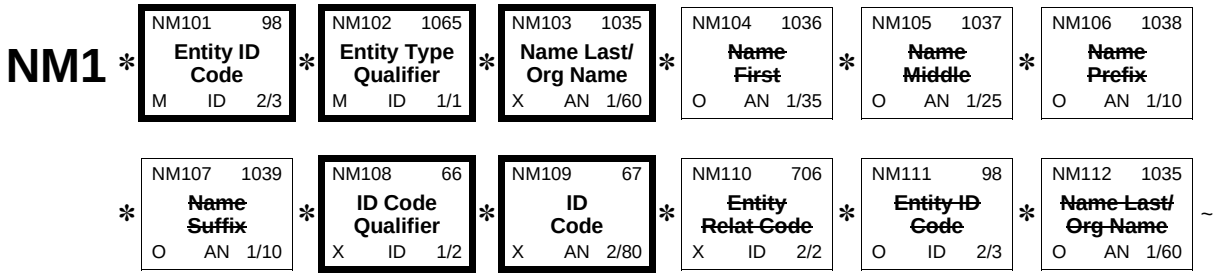
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:
1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.

Syntax:
1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.
3. **C1203**
   If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES

REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3

CODE	DEFINITION
PR	Payer

REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M	ID	1/1

CODE	DEFINITION
2	Non-Person Entity

REQUIRED	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name *ALIAS:* ***Payer Name*** SYNTAX: C1203 **UB-92 Reference [UB-92 Name]:** **50 (A-C) [Payer Identification]** **EMC v.6.0 Reference:** **Record Type 30 Field No. 8b (Sequence 01-03)** **Record Type 32 Field No. 4 (Sequence 01-03)** ~~**The Other Payer Name is not necessary for the reporting guide.**~~	X	AN	1/60
NOT USED	NM104	1036	**Name First**	O	AN	1/35
NOT USED	NM105	1037	**Name Middle**	O	AN	1/25
NOT USED	NM106	1038	**Name Prefix**	O	AN	1/10
NOT USED	NM107	1039	**Name Suffix**	O	AN	1/10
REQUIRED	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 **EMC v.6.0 Reference:** **Record Type 30 Field No. 5, 6 (Sequence 01-03)**	X	ID	1/2

CODE	DEFINITION
PI	Payor Identification
XV	Health Care Financing Administration National Payer Identification Number (PAYERID) CODE SOURCE **540:** Health Care Financing Administration National PAYERID

REQUIRED	NM109	67	**Identification Code** Code identifying a party or other code *ALIAS:* ***Payer Primary ID*** SYNTAX: P0809 **This number must be identical to SVD01 (L00p ID - 2430) for COB.**	X	AN	2/80

NOT USED	NM110	706	Entity Relationship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O	AN	1/60

IMPLEMENTATION

OTHER PAYER SECONDARY IDENTIFICATION AND REFERENCE NUMBER

Loop: **2330B — OTHER PAYER NAME**

Usage: **SITUATIONAL**

Repeat: **2**

Notes:
1. **This segment is required when a secondary number is needed to identify the payer.**
2. **Used when it is necessary to identify the 'other' payer's claim number in a payer-to-payer COB situation (use code F8).**

Example: **REF*FY*465980789~**

STANDARD

REF Reference Identification

Level: Detail

Position: 3550

Loop: 2330

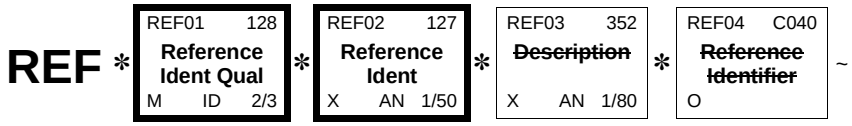
Requirement: Optional

Max Use: >1

Purpose: To specify identifying information

Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

Use code F8 to indicate the payer's claim number assigned to this claim by the payer referenced in this interation of Loop ID - 2330B.

CODE	DEFINITION
2U	**Payer Identification Number**
F8	**Original Reference Number** UB-92 Reference [UB-92 Name]:

				37 (A-C) [Internal Control Number (ICN)/ Document Control Number (DCN)] EMC v.6.0 Reference: **Record Type 31 Field No. 14 (Sequence 01-03)**			
			FY	**Claim Office Number**			
			NF	**National Association of Insurance Commissioners (NAIC) Code** CODE SOURCE **245:** National Association of Insurance Commissioners (NAIC) Code			
			TJ	**Federal Taxpayer's Identification Number**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203		**X**	**AN**	**1/50**
NOT USED	**REF03**	**352**	**Description**		**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**		**O**		

IMPLEMENTATION

SERVICE LINE NUMBER

Loop: **2400 — SERVICE LINE NUMBER Repeat: 999**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter.**
2. **The data in the LX is not returned in the 835 (Remittance Advice) transaction. It is used to indicate bundling/unbundling in SVC06.**
3. **Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.**

Example: **LX*1~**

STANDARD

LX Assigned Number

Level: Detail

Position: 3650

Loop: 2400 **Repeat:** >1

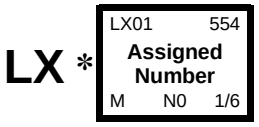
Requirement: Optional

Max Use: 1

Purpose: To reference a line number in a transaction set

Set Notes: **1.** Loop 2400 contains Service Line information.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**LX01**	**554**	**Assigned Number** Number assigned for differentiation within a transaction set	**M**	**N0**	**1/6**
			This is the service line number. Begin with 1 and increment by 1 for each new LX segment within a claim.			

IMPLEMENTATION

INSTITUTIONAL SERVICE LINE

Loop: **2400 — SERVICE LINE NUMBER**

Usage: **REQUIRED**

Repeat: **1**

Notes:
1. **This segment is required for inpatient claims or outpatient or other claims that require procedure or drug information to be reported for claim adjudication.**

Example: **SV2*300*HC:80019*73.42*UN*1~**

Example: **SV2*120**1500*DA*5*300~**

STANDARD

SV2 Institutional Service

Level: Detail

Position: 3750

Loop: 2400

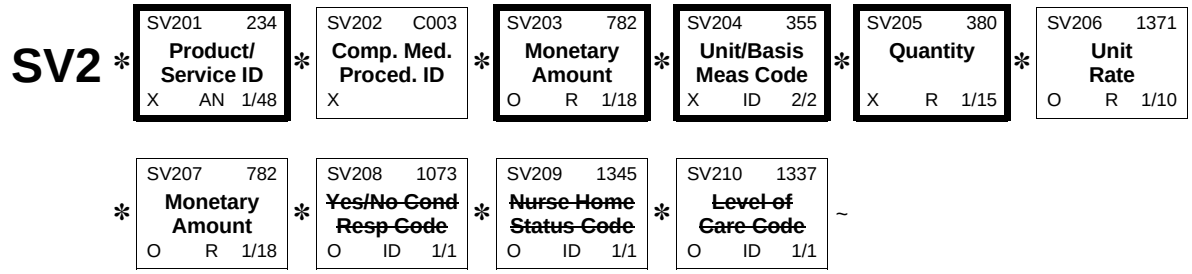
Requirement: Optional

Max Use: 1

Purpose: To specify the claim service detail for a Health Care institution

Syntax:
1. **R0102**
   At least one of SV201 or SV202 is required.
2. **P0405**
   If either SV204 or SV205 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES

REQUIRED **SV201** **234** **Product/Service ID** **X** **AN** **1/48**
Identifying number for a product or service

ALIAS: ***Service Line Revenue Code***

SYNTAX: R0102

SEMANTIC: SV201 is the revenue code.

UB-92 Reference [UB-92 Name]:

42 [Revenue Code]

EMC v.6.0 Reference:

Record Type 50 Field No. 4, 11, 12, 13

Record Type 60 Field No. 4, 13, 14

Record Type 61 Field No. 4, 14, 15

See Code Source 132: National Uniform Billing Committee (NUBC) Codes.

SITUATIONAL **SV202** **C003** **COMPOSITE MEDICAL PROCEDURE IDENTIFIER** **X**
To identify a medical procedure by its standardized codes and applicable modifiers

ALIAS: ***Service Line Procedure Code***

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

This data element is required for all Outpatient claims.

REQUIRED **SV202 - 1** **235** **Product/Service ID Qualifier** **M** **ID** **2/2**
Code identifying the type/source of the descriptive number used in Product/Service ID (234)

CODE	DEFINITION
HC	**Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.**

CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System

REQUIRED **SV202 - 2** **234** **Product/Service ID** **M** **AN** **1/48**
Identifying number for a product or service

ALIAS: ***HCPCS Procedure Code***

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

EMC v.6.0 Reference:

Record Type 60 Field No. 5, 13, 14

Record Type 61 Field No. 5, 14, 15

SITUATIONAL **SV202 - 3** **1339** **Procedure Modifier** **O** **AN** **2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners

ALIAS: ***HCPCS Modifier 1***

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

EMC v.6.0 Reference:

Record Type 60 Field No. 9, 13, 14

Record Type 61 Field No. 10, 14, 15

Use this modifier for the first procedure code modifier.

This data element is required when the Provider needs to convey additional clarification for the associated procedure code.

SITUATIONAL	**SV202 - 4**	**1339**	**Procedure Modifier** This identifies special circumstances related to the performance of the service, as defined by trading partners	**O**	**AN**	**2/2**

ALIAS: ***HCPCS Modifier 2***

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

EMC v.6.0 Reference:

Record Type 60 Field No. 7, 13, 14

Record Type 61 Field No. 7, 14, 15

Use this modifier for the second procedure code modifier.

See SV202-3

SITUATIONAL	**SV202 - 5**	**1339**	**Procedure Modifier** This identifies special circumstances related to the performance of the service, as defined by trading partners	**O**	**AN**	**2/2**

ALIAS: ***HCPCS Modifier 3***

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

See SV202-3

SITUATIONAL	**SV202 - 6**	**1339**	**Procedure Modifier** This identifies special circumstances related to the performance of the service, as defined by trading partners	**O**	**AN**	**2/2**

ALIAS: ***HCPCS Modifier 4***

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

See SV202-3

NOT USED	**SV202 - 7**	**352**	**Description**	**O**	**AN**	**1/80**

REQUIRED	**SV203**	**782**	**Monetary Amount** Monetary amount	**O**	**R**	**1/18**

ALIAS: ***Service Line Charge Amount***

SEMANTIC: SV203 is a submitted charge amount.

UB-92 Reference [UB-92 Name]:

47 [Total Charges (by Revenue Code Category)]

EMC v.6.0 Reference:

Record Type 50 Field No. 7, 11, 12, 13
Record Type 60 Field No. 9, 13, 14
Record Type 61 Field No. 10, 14, 15

Use this amount to indicate the submitted charge amount.

REQUIRED	**SV204**	**355**	**Unit or Basis for Measurement Code** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	**X**	**ID**	**2/2**

SYNTAX: P0405

CODE	DEFINITION
DA	**Days**

REQUIRED	**SV205**	**380**	**Quantity** Numeric value of quantity	**X**	**R**	**1/15**

ALIAS: ***Service Line Units***

SYNTAX: P0405

UB-92 Reference [UB-92 Name]:

46 [Units of Service]

EMC v.6.0 Reference:

Record Type 50 Field No. 6, 11, 12, 13
Record Type 60 Field No. 8, 13, 14
Record Type 61 Field No. 8, 14, 15

SITUATIONAL	**SV206**	**1371**	**Unit Rate** The rate per unit of associate revenue for hospital accommodation	**O**	**R**	**1/10**

ALIAS: ***Service Line Rate Amount***

UB-92 Reference [UB-92 Name]:

44 (“RATES”) [HCPCS/Rates/HIPPS Rate Codes]

EMC v.6.0 Reference:

Record Type 50 Field No. 5, 11, 12, 13

This data element is required when the associated revenue code is 100-219.

SITUATIONAL	**SV207**	**782**	**Monetary Amount** Monetary amount *ALIAS:* ***Service Line Non-Covered Charge Amount*** **SEMANTIC:** SV207 is a noncovered charge amount. **UB-92 Reference [UB-92 Name]:** **48 [Non-Covered Charges]** **EMC v.6.0 Reference:** **Record Type 50 Field No. 8, 11, 12, 13** **Record Type 60 Field No. 10, 13, 14** **Record Type 61 Field No. 11, 14, 15** **Use this amount if needed to report line specific non-covered charge amount.**	**O**	**R**	**1/18**
NOT USED	**SV208**	**1073**	**Yes/No Condition or Response Code**	**O**	**ID**	**1/1**
NOT USED	**SV209**	**1345**	**Nursing Home Residential Status Code**	**O**	**ID**	**1/1**
NOT USED	**SV210**	**1337**	**Level of Care Code**	**O**	**ID**	**1/1**

IMPLEMENTATION

TRANSACTION SET TRAILER

Usage: **REQUIRED**

Repeat: **1**

Example: **SE*1230*987654~**

STANDARD

SE Transaction Set Trailer

Level: Detail

Position: 5550

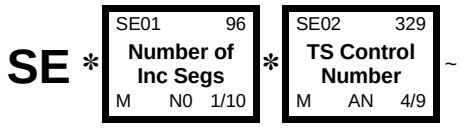
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**SE01**	**96**	**Number of Included Segments** Total number of segments included in a transaction set including ST and SE segments	**M N0 1/10**
REQUIRED	**SE02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **SE02 must match ST02.**	**M AN 4/9**

C External Code Sources

130 Health Care Financing Administration Common Procedural Coding System

SIMPLE DATA ELEMENT/CODE REFERENCES

235/HC, 1270/BO, 1270/BP

SOURCE

Health Care Finance Administration Common Procedural Coding System

AVAILABLE FROM

Health Care Financing Administration
6325 Security Boulevard
Baltimore, MD 21207

ABSTRACT

HCPCS is Health Care Finance Administration's (HFCA) coding scheme to group procedures performed for payment to providers.

131 International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

SIMPLE DATA ELEMENT/CODE REFERENCES

128/ICD, 235/DX, 235/ID, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BQ, 1270/BR, 1270/DD, 1270/SD, 1270/TD, 1270/AAU, 1270/AAV, 1270/AAX

SOURCE

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

AVAILABLE FROM

U.S. National Center for Health Statistics
Commission of Professional and Hospital Activities
1968 Green Road
Ann Arbor, MI 48105

ABSTRACT

The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.

132 National Uniform Billing Committee (NUBC) Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

235/NU, 235/RB, 1270/BE, 1270/BG, 1270/BH, 1270/BI

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association

One North Franklin
Chicago, IL 60606

ABSTRACT

Revenue codes are a classification of hospital charges in a standard grouping that is controlled by the National Uniform Billing Committee.

22 States and Outlying Areas of the U.S.

SIMPLE DATA ELEMENT/CODE REFERENCES

156, 66/SJ, 235/A5, 771/009

SOURCE

National Zip Code and Post Office Directory

AVAILABLE FROM

U.S. Postal Service
National Information Data Center
P.O. Box 2977
Washington, DC 20013

ABSTRACT

Provides names, abbreviations, and codes for the 50 states, the District of Columbia, and the outlying areas of the U.S. The entities listed are considered to be the first order divisions of the U.S. Microfiche available from NTIS (same as address above).The Canadian Post Office lists the following as “official” codes for Canadian Provinces: AB - Alberta BC - British Columbia MB - Manitoba NB - New Brunswick NF - Newfoundland NS - Nova Scotia NT - North West Territories ON - Ontario PE - Prince Edward Island PQ - Quebec SK - Saskatchewan YT - Yukon

230 Admission Source Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1314

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
One North Franklin
Chicago, IL 60606

ABSTRACT

A variety of codes explaining who recommended admission to a medical facility.

231 Admission Type Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1315

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
One North Franklin
Chicago, IL 60606

ABSTRACT

A variety of codes explaining the priority of the admission to a medical facility.

235 Claim Frequency Type Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1325

SOURCE

National Uniform Billing Data Element Specifications Type of Bill Position 3

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
One North Franklin
Chicago, IL 60606

ABSTRACT

A variety of codes explaining the frequency of the bill submission.

236 Uniform Billing Claim Form Bill Type

SIMPLE DATA ELEMENT/CODE REFERENCES

1332/A

SOURCE

National Uniform Billing Data Element Specifications Type of Bill Positions 1 and 2

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
One North Franklin
Chicago, IL 60606

ABSTRACT

A variety of codes describing the type of medical facility.

239 Patient Status Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1352

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
One North Franklin
Chicago, IL 60606

ABSTRACT

A variety of codes indicating patient status as of the statement covers through date.

245 National Association of Insurance Commissioners (NAIC) Code

SIMPLE DATA ELEMENT/CODE REFERENCES

128/NF

SOURCE

National Association of Insurance Commissioners Company Code List Manual

AVAILABLE FROM

National Association of Insurance Commission Publications Department
12th Street, Suite 1100
Kansas City, MO 64105-1925

ABSTRACT

Codes that uniquely identify each insurance company.

5 Countries, Currencies and Funds

SIMPLE DATA ELEMENT/CODE REFERENCES

26, 100, 1715, 66/38, 235/CH, 955/SP

SOURCE

Codes for Representation of Names of Countries, ISO 3166-(Latest Release)
Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

AVAILABLE FROM

American National Standards Institute
11 West 42nd Street, 13th Floor
New York, NY 10036

ABSTRACT

Part 1 (Country codes) of the ISO 3166 international standard establishes codes that represent the current names of countries, dependencies, and other areas of special geopolitical interest, on the basis of lists of country names obtained from the United Nations. Part 2 (Country subdivision codes) establishes a code that represents the names of the principal administrative divisions, or similar areas, of the countries, etc. included in Part 1. Part 3 (Codes for formerly used names of

countries) establishes a code that represents non-current country names, i.e., the country names deleted from ISO 3166 since its first publication in 1974. Most currencies are those of the geopolitical entities that are listed in ISO 3166 Part 1, Codes for the Representation of Names of Countries. The code may be a three-character alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166 Part 1, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a specially-allocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166 Part 1. The range 950-998 is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166 Part 1.

51 ZIP Code

SIMPLE DATA ELEMENT/CODE REFERENCES

116, 66/16, 309/PQ, 309/PR, 309/PS, 771/010

SOURCE

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

AVAILABLE FROM

U.S Postal Service
Washington, DC 20260

New Orders
Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954

ABSTRACT

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes. The USPS Domestics Mail Manual includes information on the use of the new 11-digit zip code.

540 Health Care Financing Administration National PAYERID

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV

SOURCE

PAYERID Database

AVAILABLE FROM

Health Care Financing AdministrationBureau of Program Operations Chief, Benefit Coordination
S1-03-08
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT

The Health Care Financing Administration has joined with other payers to develop a unique national payer identification number. The Health Care Financing Administration is the authorizing agent for enumerating payers through the services of a PAYERID Registrar. It may also be used by other payers on a voluntary basis.

641 Condition Code List

SIMPLE DATA ELEMENT/CODE REFERENCES

1270/BG

SOURCE

Condition Code List

AVAILABLE FROM

EDI Administrator
Dun & Bradstreet Corp.
100 Locust Avenue
Berkely Heights, NJ 07922

ABSTRACT

Provides condition codes and descriptions relating to business entities or individuals involved in business entities.

859 Classification of Race or Ethnicity

SIMPLE DATA ELEMENT/CODE REFERENCES

1270/RET

SOURCE

Classification of Race or Ethnicity

AVAILABLE FROM

Health Information and Surveillance Systems Board
Centers for Disease Control and Prevention
Mailstop C08
1600 Clifton Road, NE
Atlanta, Georgia 30333

ABSTRACT

The Classification of Race or Ethnicity provides a detailed, hierarchical classification of race and ethnicity that complies with the U.S. Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity and is consistent with the classification of race and ethnicity used by the U.S. Bureau of the Census.